

May-19-2008 12:43pm

From: DAVID WILLIAMS LAW FIRM PA

302-575-0925

T-380

F 005/010

F-425

A00000000779

Florida Department of State
Division of Corporations
Public Access System

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H080001304093ABCZ

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : AGENTS AND CORPORATIONS, INC
Account Number : I20010000112
Phone : (302) 575-0875
Fax Number : (302) 575-0925

REGISTERED AGENT CHANGE

ISAACSON ASSOCIATES PARTNERSHIP #2, LTD.

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

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08 MAY 15 AM 8:46
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EXAMINER

May-16-2008 12:43pm

From-DAVID WILLIAMS LAW FIRM PA

302-575-0926

T-360 P 006/010 F-425

Confirmation Report - Memory Send

Time : May-15-08 01:56pm
Tel /line : 3025751842
Name : THE WILLIAMS LAW FIRM PA

Job number : 956
Date : May-15 01:55pm
To : 918505176380
Document pages : 02
Start time : May-15 01:55pm
End time : May-15 01:56pm
Pages sent : 02
Status : OK

Job number : 956
Division of Corporations

*** SEND SUCCESSFUL ***

Page 1 of 1

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TO: Division of Corporations
Fax Number : (888) 217-8360
FROM: Account Name : AGENT5 AND CORPORATIONS, INC
Account Number : 230010000123
Phone : (302) 575-0975
Fax Number : (302) 575-0926

REGISTERED AGENT CHANGE ISAACSON ASSOCIATES PARTNERSHIP #2, LTD.

Certificate of Status	0
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Page Count	01
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5/16/2008

H08000130409 3

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. ISAACSON ASSOCIATES PARTNERSHIP #2, LTD.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 5/11/2000

Date of filing/registration in Florida

3. A00000000779

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

RESIGNED

Name

Address

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

AGENTS AND CORPORATIONS, INC.

Name

300 FIFTH AVENUE SOUTH, SUITE 101-330

Florida street address (P.O. Box not acceptable)

NAPLES

FL 34102

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Barbara Dilsheimer
Signature of General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Signature]
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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08 MAY 15 AM 8:46
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TALLAHASSEE, FLORIDA