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July 13, 2005

Florida Department of State Amendment Section Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

RE: Temple Court Partners, Ltd.

ixie Sardell

Doc #A01000000953

Please be advised that both the principal address and mailing address of the above referenced Florida Limited Partnership have changed.

I have also enclosed a Statement of Change of Registered Agent, as well as our check in the amount of \$35.00 to cover the filing fee.

Please don't hesitate to call me at 321-242-9917 if you have any questions or need additional information.

Sincerely,

Renée Sandell

05 AUG -9 AM II: 26 SECRETATE DE STATE

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

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Temple Court Par	rtners, Ltd.					
	Na	me of the limited par	rtnership			_
2. 07/16/2001	· · · · · · · · · · · · · · · · · · ·	3A0100	0000953		·	
Date of filing/registration in Florida Document number a				assigned		
4. The name of the regi Department of State:			address as shown o	n the recor	ds of the Fl	orida
	1103 West Hibi	Name scus Boulevar	d, Suite 408			
		Address		-		
	Melbourne, FL 3	32901				
		City, State and Z	ip	-	*	
5. The name and address	ss of the new registe	red agent and/or	office:			
Т	ransom Develop	ment, Inc.				
		Name		<u> </u>		
8:	226 North Wickh	am Road, Suit	te 200	F.	7.c. 0	•
Florida street address (P.O. Box not acceptable)		:		: • • • • • • • • • • • • • • • • • • •		
M	elbourne	. 11	2940	<u> </u>	AUG CRET LAHI	
6. Such change(s) was/			•	-	ASSE Valva	
TEMPLE COUR	T MARTHERS	, LLC				£ 18
By: resu	Sandell		-	å .	FIST I	_ <u></u>
Signature of General Partner				•		
I hereby accept the appo with the provisions of a familiar with and accept merely to reflect a chan been notified in writing of RAWSOM DE	all statutes relative to the obligations of m ge in the registered of this change.	to the proper and ay position as reg office address, I	l complete performa istered agent. Or. it	nce of my this docum	er agree to c duties, and nent is being	omply l I am e filed
By: Rexu	Sandell					
Signature of Registered Agen	ıt					

Make checks payable to Florida Department of State and mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Filing Fee: \$35.00