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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

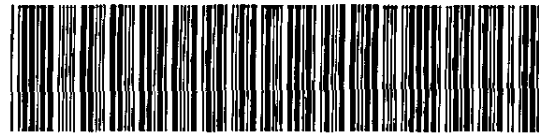
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## Sapphire Brandon, Ltd.

*Mailing Address:*  
14025 Riveredge Drive, Suite 600  
Tampa, Florida 33637  
Phone: 813-977-8756  
Fax: 813-977-0143

August 26, 2005

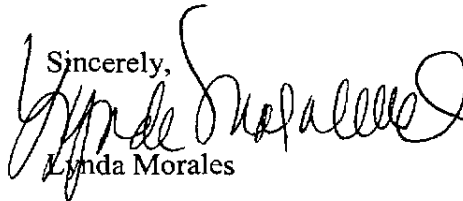
Florida Dept of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

Re: Sapphire Brandon, Ltd.

To Whom It May Concern:

Enclosed please find an original Change of Registered Agent for the above referenced limited partnership along with a check for \$35.00 payable to the Florida Department of State.

Should you have any questions, please feel free to contact me at (813) 975-4477 or via email at [lmorales@presgar.com](mailto:lmorales@presgar.com). Thank you.

Sincerely,  
  
Lynda Morales

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Enclosures

**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. SAPPHIRE BRANDON, LTD  
Name of the limited partnership

2. 07/23/2001 Date of filing/registration in Florida  
3. A0100000995 Document number assigned

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

Lucille S. Harrington  
Name  
12052 100th Avenue  
Address  
Seminole, FL 33772-2120  
City, State and Zip

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

Jeffrey P. Greenberg  
Name  
14025 Riveredge Drive, Suite 600  
Florida street address (P.O. Box **not** acceptable)  
Tampa FL  
City, State and Zip

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6. Such change(s) was/were authorized by the general partners.

[Signature]  
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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.*

[Signature]  
Signature of Registered Agent

**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**