

A02:0000000101

CONE & YONG, P.A.
701 RIVERSIDE PARK PLACE, SUITE 110
JACKSONVILLE, FL 32204

FRED M. CONE, JR.
FRANK J. YONG

February 12, 2002

TELEPHONE
(904) 355-1235
TELECOPIER
(904) 354-1747
E-MAIL
CONEYONG@
BELLSOUTH.NET

Florida Department of State
Post Office Box 6327
Tallahassee, Florida 32314-6327

Re: 8313 Atlantic Boulevard, Ltd.

Dear Sir/Madam:

Enclosed for filing is a Limited Partnership Statement or Change of Registered Office, or Registered Agent, or Both, together with our firm check in the amount of \$35.00 for filing fees. Please return a filed copy as soon as possible. Thank you.

Sincerely,



Frank J. Yong

FJY/el

Enclosures

c: H. Holbrook w/Enclosure

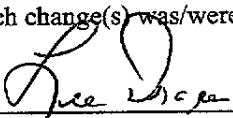
000004925710--8
-02/14/02--01050--002
*****35.00 *****35.00

A02-101
ql

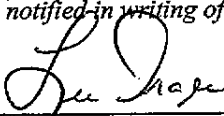
**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED
OFFICE OR REGISTERED AGENT, OR BOTH**

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. 8318 Atlantic Boulevard, Ltd.
Name of the limited partnership
2. 1/24/02 3. A02000000101
Date of filing/registration in Florida 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:
Frank J. Yong, Esquire
Name
701 Fisk Street, Suite 110
Address
Jacksonville, FL 32204
City, State and Zip
5. The name and address of the new registered agent and/or office:
Lee Draper
Name
3100 University Boulevard South, Suite 230
Florida street address (P.O. Box not acceptable)
Jacksonville, FL 32216
City, State and Zip
6. Such change(s) was/were authorized by the general partners.


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 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**

FILED
02 FEB 14 PM 3:38
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE