

A02 00000 1541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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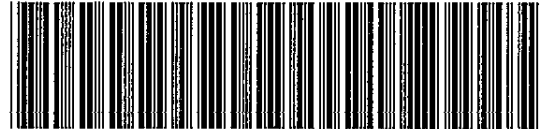
(Business Entity Name)

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CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032
REFERENCE : 085175 4500665
AUTHORIZATION : *Patricia Pizeto*
COST LIMIT : \$ 35.00

ORDER DATE : May 7, 2003

ORDER TIME : 10:46 AM

ORDER NO. : 085175-065

CUSTOMER NO: 4500665

CUSTOMER: Ms. Erin B. Martin
Morgan, Lewis & Bockius LLP
1701 Market Street

Philadelphia, PA 19103-2921

FILED
03 MAY 12 PM 2:03
TALLAHASSEE, FLORIDA

CHANGE OF AGENT

NAME: FIRST STATES INVESTORS 3007,
LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon -- EXT# 1145

EXAMINER: _____

**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. FIRST STATES INVESTORS 3007, LIMITED PARTNERSHIP

Name of the limited partnership

2. November 21, 2002

Date of filing/registration in Florida

3. A02000001541

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:

C T Corporation System

Name

1200 South Pine Island Road

Address

Plantation, FL 33324

City, State and Zip

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

Corporation Service Company

Name

1201 Hays Street

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

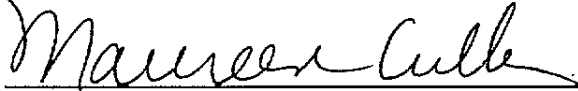
Tallahassee

FL

32301

City, State and Zip

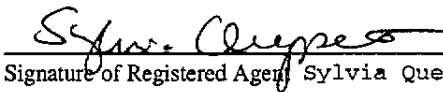
6. Such change(s) was/were authorized by the general partners.



Signature of General Partner Maureen Cullen, Attorney in Fact

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.

Corporation Service Company



Signature of Registered Agent Sylvia Queppet, Assistant Vice President

**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**

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TALLAHASSEE, FLORIDA