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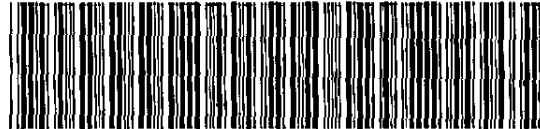
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**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED
OFFICE OR REGISTERED AGENT, OR BOTH**

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. Trish TenBroeck Insurance Agency LTD
Name of the limited partnership

2. 9/9/2003
Date of filing/registration in Florida

3. A 03000001316
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:

Trish TenBroeck
Name

1946 NE 5th Ave
Address

Boca Raton, FL 33431
City, State and Zip

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

Trish TenBroeck
Name

1022 N. FEDERAL Hwy
Florida street address (P.O. Box **not** acceptable)

Boca Raton FL 33435
City, State and Zip

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