* AD4000000807

Requestor's Name) Requestor's Name) RECLIE RALLAH RALLAH Address) Address) ROYCE ROYC	31 A 10: 26 SSEE, FLITTE 11 11 11 11 11 11 11 11 11 11 11 11 11
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	03/31/8501048006 **35.00
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OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited 10: 2b partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

BSAI Ltd.		
•••	Name o	of the limited partnership
2. 5/17/04 Date of filing/regis	stration in Florida	3. A0400000807 Document number assigned
4. The name of the reg Department of State		sistered office address as shown on the records of the Florida
	500 Lake Avenue	Name
	Lake Worth, FL 33	Address 3460
		City, State and Zip
	ess of the new registered	agent and/or office:
_ <u>E</u>	Brendan Smith	
		Name
<u>-</u>	942 Lands End Road	
••	Florida street addr	ess (P.O. Box not acceptable)
<u>P</u>	Point Manalapan	FL 33462
6. Such change(s) was	were authorized by the	City, State and Zip general partners.
Signature of General Partner	r	
with the provisions of	all statutes relative to the of the obligations of my p nge in the registered offi	tent and agree to act in this capacity. I further agree to comply the proper and complete performance of my duties, and I am osition as registered agent. Or, if this document is being filed ice address, I hereby confirm that the limited partnership has
Signature of Registered Age	rnt .	

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