A04000001192

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:



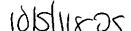


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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: University Center Partne Name of Limited Partner	rs, Ltd. ship or Limited Liability Limited Partnership
DOCUMENT NUMBER:A0	4000001192
The enclosed Statement of Change of Refee(s) are submitted for filing.	egistered Office and/or Registered Agent and
Please return all correspondence concerr	ning this matter to:
Kathy Moro	
Contact Person	
Frank Weinberg Black, P.L.	1.3. (can)
Firm/Company	H
7805 SW 6th Court	:2 &
Address	
Plantation, FL 33324	> I: 57
City, State and Zip Code	?» T
Lynda. Watkins@Stiles.com E-mail address: (to be used for future annual	KMoro@fwblaw.netal report notification)
For further information concerning this r	natter, please call:
Lynda Watkins Name of Contact Person	at (954) 627-9350
Enclosed is a \$35.00 check made payabl	Area Code and Daytime Telephone Number e to the Florida Department of State.
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314

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

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

	Center Partners, Ltd.			
I	Name of Limited Partnership or Li	mited Liability Limited Partne	rship:	
2. 07/19/2004	1	3. A04000001192		
	ng/registration in Florida	Florida document number		
t. The name of the	registered agent and the registered	Laffica addrace as chown on th	ha razarde al	Ciha Elarida
Department of State		office address as shown on a	ac records of	_
	CORROR ATION CURVE	CIE CIONED ANN	7.4	뎚
	CORPORATION SERVI	me	_	1 3
	; 10	aric.		
	1201 HAYS STREET		_	28
	Ado	iress		>>
	TALLAHASSEE, FL 323	301-2525		-:-
		le and Zip	 **/	5
5. The name and FI	orida street address of the new reg	istered agent and/or office:		
		-		
	FRANK WEINBERG &		_	
	Na	me		
	1875 NW CORPORATE	BLVD SUITE 100		
	C/O STEVEN DEUTSCI			
		P.O. Box not acceptable)	_	
	BOCA RATON	FL_33431		
		e and Zip	_	
6. Such change(s) i	s/are effective when filed by the F	lorida Department of State.		
10		·		
Signature of Genera	d Partner			
comply with the pro	appointment as registered agent ovisions of all statutes relative to to the an accept the obligations of my	he proper and complete perfoi	rmance of my	
Signature of Registe	ered Agent	•		
Filing Fee:	\$35.00			

Certified Copy (optional): \$52.50