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GREENSPOON MARDER HIRSCHFELD RAFKIN ROSS BERGER & ABRAMS ANTON

A PROFESSIONAL ASSOCIATION

From the Desk of:

Sandra Rivera
Capital Plaza I, Suite 500
201 East Pine Street
Orlando, Florida 32801
407-425-6559
407-563-9649 (Direct Fax)
407-422-6583 (Fax)
Sandra.rivera@greenspoonmarder.com

July 13, 2005

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, Florida 32314

Re: Limited Partnership Statement of Change of Registered Agent

Dear Sirs:

Enclosed herewith is check number 103152 in the amount of \$35.00 for use in filing the attached Limited Partnership Statement of Change of Registered Agent form.

Please contact me should you have any questions.

Very truly yours,

GREENSPOON MARDER HIRSCHFELD RAFKIN

ROSS BERGER & ABRAMS ANTON, P.A.

Sandra Rivera

For the Firm

G 1MS16197 South Street Beach Development, Ltd:Fla Dept of State doc

www.greenspoonmarder.com 888-491-1120

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.

| SOUTH BEACH STREET DEVELOPMENT, LTD. |
|---|
| Name of the limited partnership |
| 2. 01/27/2005 Date of filing/registration in Florida 3. A0500000197 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: MARTY A. STONE, ESQ. |
| 201 EAST PINE STREET STE. 500 |
| ORLANDO, FL 32801 |
| City, State and Zip 5. The name and address of the new registered agent and/or office: |
| N. DWAYNE GRAY, JR., ESQ. |
| 201 EAST PINE STREET, STE. 500 |
| Florida street address (P.O. Box not acceptable) ORLANDO, FL 32801 City, State and Zip |
| 6. Such change(s) was/were authorized by the general partners. |
| Signature of General arther N. Dwayne Gray, Jr., Esq., as Authorized Representative |
| I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complywith the provisions of all statutes relative to the proper and complete performance of my didies, and I amiliar 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 N. Dwayne Gray, Jr., Esq., as Authorized Representative |
| 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