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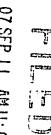
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SECRETARY OF STATE



## COVER LETTER

	** **	
TO: Registration Section		
Division of Corporations		
CUDIFICE EDUCATO		
(Name of Limited Partnership or I	imited Liability Limited Partn	ership)
DOCUMENT NUMBER: AUS 00000	760	
The enclosed Statement of Change of Regis fee(s) are submitted for filing.	stered Office and/or Regis	tered Agent and
Please return all correspondence concerning	g this matter to:	07 SEF SECRE TALLAH
Ahaal Walker		ASS T COMM
Hbigail Walker (Contact Person)	HAR	
(33,000)		AHII: 05
(Firm/Company)	<del></del>	
· · · · · · · · · · · · · · · · ·	~ ,	즐겁 3
27606 Wisconsin	<u>ot.</u>	<b>.</b>
(Address)		
Bonita Springs F  (City, State and Zip Code)	L 34135	, , , , , , , , , , , , , , , , , , ,
(City, State and Zip Code)		
, ,		•
For further information concerning this mat	ter, please call:	
Abianil Walker	at ( 239 ) 948	7-7878
Abigail Walker (Name of Contact Person)	(Area Code and Daytin	ne Telephone Number)
Enclosed is a \$35.00 check made payable to		
• •	:	* em
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 32314	
Tallahassee, FL 32301		
INHS04 (01/06)		
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## 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.

1. EPMGC, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership
2. April 15 2005  Date of filing/registration in Florida  3. A 05 00000 760  Florida document number
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Jonathan H. Green + Assac
Jonathan H. Green + Assoc Name 799 Brickell Plaza Ste 700 Address
Miami, FL 33/3/ City, State and Zip
5. The name and Florida street address of the new registered agent and/or office:    Cary Wilson   Porter, Wright Morris + Arthur   Name   Name   Porter   Name   Name   Porter   Name   Name
Florida street address (P.O. Box not acceptable)  Florida street address (P.O. Box not acceptable)
Naples FL 34/08  City, State and Zip
6. Such change(s) is/are effective when filed by the Florida Department of State.  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 an accept the obligations of my position as registered agent.

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50