

A05577

Brandywine Financial Services Corporation

P.O. Box 999

Chadds Ford, PA 19317

(610) 388-9600

January 31, 2000

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Re: Citrus Plaza Partners
Document #A05577

9000003126919--5
-02/08/00--01028--011
*****35.00 *****35.00

Via Certified Mail

Return Receipt Requested

Z 372 007 499

Gentlemen:

Enclosed please find the completed and executed Florida Limited Partnership Statement of Change of Registered Office or Registered Agent, or Both along with our check #585 in the amount of \$35.00 for the filing fee.

Should you have any questions regarding this filing, please contact me at (610) 388-9600.

Sincerely,



Michael A. Lynam
Chief Accounting Officer

MAL:dd
Enclosures

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FLORIDA STATE
DIVISION OF CORPORATIONS
60 FEB -7 PM 4:03

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SEARCHED	INDEXED
SERIALIZED	FILED
FEB 7 2000	
TALLAHASSEE, FL	
W. P. Verruyer	

**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. Citrus Plaza Partners, a Limited Partnership
Name of the limited partnership
2. 02/03/1997
Date of filing/registration in Florida
3. A 05577
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:
CT Corp
Name
1200 S. Pine Island Rd
Address
Plantation, Fl. 33324
City, State and Zip
5. The name and address of the new registered agent and/or office:
Brandywine Financial Services Corporation
Name
Bruce E. Moore
2637 McCormick Drive
Florida street address (P.O. Box not acceptable)
Clearwater, FL 33759
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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB - 7 PM 4:03

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00