

A11323

Brandywine Financial Services Corporation

P.O. Box 555

Chadds Ford, PA 19317

(610) 388-9600

January 31, 2000

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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02/08/00--01028--007

\*\*\*\*\*35.00 \*\*\*\*\*35.00

Re: Dade City Partners  
Document #A11323

Via Certified Mail

Return Receipt Requested

Z 372 007 502

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 #695 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




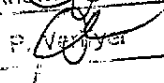
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Enclosures

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FLORIDA  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

A11323

CR 2-10

Updater	
Verifier	
Acknowledgement	
W. P. Verifier	

**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. Dade City Partners Ltd.  
Name of the limited partnership

2. 10/08/1981  
Date of filing/registration in Florida

3. A 11323  
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 Corporation System  
Name  
1200 S. Pine Island Road  
Address  
Plantation, FL 33324  
City, State and Zip

5. The name and address of the new registered agent and/or office:

Brandywine Financial Service Corporation  
Bruce E. Moore  
Name  
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

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

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