

**A15150**

ACCOUNT FILE COVER SHEET

ACCOUNT NUMBER FCA000000005

REFERENCE: (Sub Account) \_\_\_\_\_

DATE: 5-2

REQUESTOR NAME: Lexis Document Service

ADDRESS: \_\_\_\_\_

TELEPHONE: (\_\_\_\_) (\_\_\_\_) ext (\_\_\_\_)

CONTACT NAME: \_\_\_\_\_

CORPORATION NAME: A15150

FILED  
01 MAY -2 PM 5:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT NUMBER: (if applicable) \_\_\_\_\_ 200004132452--4

AUTHORIZATION: C. Woodyard  
Cynthia J. Woodyard

- CERTIFIED COPY (1-9)
- CERTIFICATE OF STATUS (1-9)
- PLAIN STAMPED COPY

- Call When Ready
- Walk In
- Mail Out
- Call if Problem
- Will Wait
- After 4:30
- Pick Up

*nk sk*

RECEIVED  
01 MAY -2 PM 2:51  
DIVISION OF CORPORATION

**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.

FILED  
SEP 2 11 53 AM '93  
TALLAHASSEE, FLORIDA

1. First Capital Institutional Real Estate, Ltd.-2  
Name of the limited partnership

2. 8-22-83  
Date of filing/registration in Florida

3. A15150  
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:

Prentice-Hall Corporation System, Inc.  
Name  
1201 Hays Street, Suite 105  
Address  
Tallahassee, FL 32301  
City, State and Zip

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

Lexis Document Services Inc.  
Name  
3953 WW Kelley Road  
Florida street address (P.O. Box not acceptable)  
Tallahassee FL 32311  
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

  
Signature of General Partner First Capital Financial, L.L.C., Donald J. Liebentritt, V.P.

*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 of Registered Agent

**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**