

CT CORPORATION SYSTEM

CORPORATION(S) NAME

(16) Faison-Jacksonville Associates,
Ltd.

700003851577--4
03/14/01 01093--008
*****35.00 *****35.00

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input checked="" type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCS
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

3/13/01

gc

Order#: 3513702

Ref#: _____

Amount: \$ _____

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 MAR 13 PM 2:54
NOT RETURNED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING
SECRETARY OF STATE
TALLAHASSEE FLORIDA
01 MAR 13 AM 8:27
FILED
3/14

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

2p
A CCH LEGAL INFORMATION SERVICES COMPANY

**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 organized under the laws of the state of North Carolina, submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Faison-Jacksonville Associates, Ltd.
Name of the limited partnership

2. 08/30/1984 3. A17765
Date of filing/registration in Florida Document number assigned

4. The name and address of the present registered agent and office:

Smith & Hulsey
225 Water Street, Suite 1800
Jacksonville, FL 32202-4424

5. The name and street address of the successor registered agent and office: (P.O. Box not acceptable)

C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida 33324


Such change was authorized by the general partners.

By: Faison & Associates, LLC


Signature of General Partner
Allen S. Jackson, Jr., Manager

February 27, 2001
Date

Having been named as registered agent and to accept service of process for the above stated limited partnership at the place designated in this certificate, 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 obligation of my position as registered agent.

 3/12/2001
Registered Agent signature Date

DALE W. MORRIS
ASSISTANT VICE PRESIDENT

Filing Fee: \$35.00

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHSE004(3/95)

FILED
01 MAR 13 AM 8:27
TALLAHASSEE FLORIDA
SECRETARY OF STATE