



A18871

ACCOUNT NO. : 072100000032

REFERENCE : 368189 5020169

AUTHORIZATION :

Patricia Pizut

COST LIMIT : \$ 35.00

FILED
02 JAN -9 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : December 13, 2001

ORDER TIME : 10:26 AM

ORDER NO. : 368189-555

CUSTOMER NO: 5020169

100004761841--7

CUSTOMER: Mr. Ben Jacolow
Amerimar Enterprises, Inc.
210 West Rittenhouse Square
Suite 1900
Philadelphia, PA 19103

CHANGE OF AGENT

NAME: OCEAN WORLD ASSOCIATES, LTD.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

BK

 CERTIFIED COPY
XX PLAIN STAMPED COPY

RECEIVED
02 JAN -9 AM 11:12
DIVISION OF CORPORATION

CONTACT PERSON: Ta-tanisha Adams -- EXT# 1131

EXAMINER: _____

**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. OCEAN WORLD ASSOCIATES, LTD.

Name of the limited partnership

2. January 16, 1985

Date of filing/registration in Florida

3. A18871

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:

C T 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:

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box not acceptable)

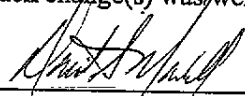
Tallahassee

FL

32301

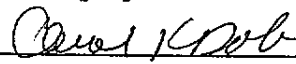
City, State and Zip

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


Signature of General Partner DAVID G. MARSWALL, V.P. of Genowa GP, Inc.

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.

Corporation Service Company


Signature of Registered Agent Carol K. Dolor, Assistant Vice President

**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**

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