

January 31, 2000

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

Re: Clearwater Partners

Document #A20689

-02/08/00--01028--009 ******35.00 ******35.00

Via Certified Mail
Return Receipt Requested
Z 372 007 500

Gentlemen:

Enclosed please find the completed and executed Florida Limited Partnership Statement of Schange of Registered Office or Registered Agent, or Both along with our check #929 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 BIVISION OF CONFORMING

FOR CONFORMIONS

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. Clearwater Partners Limited Name of the limited partnership 2. D9/AU/1986 A 2008	
Name of the limited partnership	
2	
Date of filing/registration in Florida Document number assigned	
4. The name of the registered agent and the registered office address as shown on the records Department of State:	of the Florida
ysten	g = - g
Department of State: CT Corporation System Name 1800 S. Pine Island Road Address Plantation, FL 33324 City, State and Zip	
Address	
Trantation, FL 33324	
City, State and Zip	
5. The name and address of the new registered agent and/or office: Brandywine Francial Services Corporation Bruce E. Moore	
Name	-
2637 Mc Cormick Drive	
Florida street address (P.O. Box not acceptable)	90 A
Clearwater FL 33759 City, State and Zip) FEB
Z Cuy, atale and Zin	G Zm
6. Such change(s) was/were authorized by the general partners.	_ <u> </u>
Amm	PH 1:03
Signature of General Partner	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further a with the provisions of all statutes relative to the proper and complete performance of my diffamiliar with and accept the obligations of my position as registered agent. Or, if this document merely to reflect a change in the registered office address, I hereby confirm that the limited position has been notified in writing of this change.	/ *
Comme	
Signature of Registered Agent	

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