

Division of Corporations

A 236005

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000144005 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 JUN -9 AM 8:22

FILED

REGISTERED AGENT CHANGE

PALM BEACH COLONY, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

6/10 mst

Electronic Filing Menu

Corporate Filing

Public Access Help

06/09/2005 16:21 8508765926

CT CORPORATION SYSTM

PAGE 02/02

06/09/2005 THU 12:13 FAX 1 312 263 4267 CT Chicago SPT --- Tallahassee, FL.

0019/024

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. PALM BEACH COLONY, LTD.

Name of the limited partnership

2. 11/18/1986

Date of filing/registration in Florida

3. A23605

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:

CORPORATION SERVICE COMPANY

Name

1201 HAYS STREET

Address

TALLAHASSEE FL 32301-2525

City, State and Zip

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

CT Corporation System

Name

1200 South Pine Island Road

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

Plantation

FL 33324

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

Jeffrey R. Graves
Assistant Secretary

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

TNHS04(07/95)

7/04/95 - 12/22/94 C.T. System Office

FILED

05 JUN -9 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA