

TELEPHONE (305) 856-5307

August 15, 2001

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 OI AUG 20 PM 5: 00
SECRETARY OF STATE
TALLAHASSEE ELOOBA

Gentlemen:

Enclosed please find LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH for four partnerships. In addition, please change the mailing address for all four partnerships to:

Chateau Elizabeth Office-Suite 101 3535 Hiawatha Avenue Miami, FL 33133-4077

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Thank you for your assistance in this matter.

Sincerely,

Robert Burd, Accountant

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. Airliner Ho	otels, Ltd. LLL	P					
		Name of the limited	partnership				
	26, 2001 registration in Florida	3	A24132 Document number as	signed			
1 The name of the	maniata	41 1.00		•			
Department of St	tate:	the registered offi	ce address as shown on	the record	s of the l	Florid	.a
	Paul Oxley						
	-	Name		•	₹s	~~~	
	1541 Brick	ell Avenue, A	pt.#A401				
Address			··· ·		全元		
	Miami, FL	33129			TAR ASS	AUG 20	
		City, State and	l Zip	•			'n
5. The name and address of the new registered agent and/or office:				F STATI FLORID	PM 5: 00	ED	
	Robert R.				\geq	U	
	Chateau El: 3535 Hiawa	Name izabeth Offic tha Avenue	e-Suite 101				
	Florida str	eet address (P.O. Bo	x <u>not</u> acceptable)				
	Miami	FL City, State and	33133-4077	 .	-		
6. Such change(s) w Big Flag Comp	vas/were authorized b	y the general part					
13.0. Ka	ule						
Signature of General Par	tner B.D. Rawls,	Secretary	· ·-	•			
I hereby accept the a		red agent and agr	ee to act in this capacity.	I further	agree to	comp	ly

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