- Cumprings	ues ets Name		
Tuilphosee Fl City/State/2	Address 3230 878-3700 Zip Phone #	Office Use Only	7 008 35.00
1	NAME(S) & DOCUMENT NU	UMBER(S), (if known): (Document #)	
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Corp.	oration Name)	(Document #)	
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NEW FILINGS	AMENDMENTS		
Profit	Amendment		
NonProfit	Resignation of R.A., Officer/D	Director	
Limited Liability	Change of Registered Agent	:	
Domestication	Dissolution/Withdrawal		
Other	Мегдет		
OTHER FILINGS Annual Report Fictitious Name Name Reservation	REGISTRATION/ QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other	THE PACE	1
CR2E031(1 95)		Examiner's initials	

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, submits			
following statement in order to change its registered office or registered agent, or both, in the state of			
Florida.			
FIRST RESERVE LIMITED PARTNERSHIP-1988			
Name of the limited partnership			
2. 03/10/87 3. A24255			
Date of filing/registration in Florida Document number assigned			
4. The name and address of the present registered agent and office:			
OLLE, DENNIS J. OLLE, ST. LOUIS, MACAULAY, ZORRILLA & LEE			
201 S. Biscayne Blvd., 1402 Miami Center			
Miami, FL 33131			
5. The name and street address of the successor registered agent and office: (P.O. Box not acceptable)			
F. ALAN CUMMINGS, CUMMINGS LAW FIRM			
1004 DeSoto Park Drive			
Tallahassee, FL 32301			
Such change was authorized by the general partners.			
E. L. Espiro APRIL 25, 1997			
Signature of General Partner 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.			
F. Alace 4/29/1997 Registered Agent signature Date			
Filing Fee: \$35.00			

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