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Requester's Name 55 Seton Troul Address	
Ormand Black FU 33 City/State/Zip Phone #	176

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NEW FILINGS	AMENDMENTS Amendment Amendment
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Updater Annual Report Updater Fictitious Name Verifyer Acknowledgement DCC W. P. Verifyer DCC DCC Annual Report DCC Annual Report DCC Acknowledgement DCC DCC DCC DCC DCC DCC DCC DCC	REGISTRATION/QUALIFICATION Recurrence Limited Partnership Reinstatement Trademark Other
CR2E031(7/97)	Examiner's Initials

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LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

"我就是我们是你的。"这一点真实的是他没有"我这个都是什么的。" 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. Harmers 4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: 5. The name and address of the new registered agent and/or office: Name iress (P.O. Box not acceptable) City, State and Zip 6. Such change(s) was/were authorized by the general partners. 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 of Registered Agent

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