A27819	7.0 9
ACCOUNT NO. : 07210000032	FILED JUL 19 P
REFERENCE : 226796 164491A AUTHORIZATION :	E FLORID
COST LIMIT : \$ 35.00 atucio qui	
ORDER DATE : July 18, 2001	
ORDER TIME : 3:12 PM	
ORDER NO. : 226796-005	
CUSTOMER NO: 164491A	
CUSTOMER: Ms. Marilyn Derouin Cohen Wakim & Merlin, P.c. P.o. Box 4055 16 Munson Road Farmington, CT 06032	NECEVES SPARE STORES SPARE STOR
CHANGE OF AGENT	

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- . .

NAME: KR COMMERCIAL ASSOCIATES LIMITED PARTNERSHIP

900004486969--2 --

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

 XX
 PLAIN STAMPED COPY

CONTACT PERSON: Deborah Schroder

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 KR Commercial Associates Limited Partnership	
Name of the limited partnership	
2. January 26, 1989 3. A27819	
Date of filing/registration in Florida Document number assigned	
4. The name of the registered ecent and the registered office address of shown on the records of the U.S.	
4. The name of the registered agent and the registered office address as shown on the records of the Florida	
Department of State: Stanley E. Israel	
No-s	
17071 West Dixie Highway	
Address High z O	ł
T _S	
North Miami Beach, Florida 33160	
City, State and Zip	
5. The name and address of the new registered agent and/or office:	
Corporation Service Company	
Name	
1201 Hays Street	
Florida street address (P.O. Box not acceptable)	
Tallahassee FI 32301	
- City, State and Zip	
6. Such change(s) was/were authorized by the general partners.	
KONOVER MANAGEMENT CORPORATION, general partner	
By: Jahau Cheh	
Signature of General Partner Richard C. Liljedahl, Senior Vice President	·
7/16 0 1 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.	
Corporation Service Company	
Tabathanulle, AsstV	
Signature of Registered Agent	
Make checks payable to Florida Department of State and mail to:	

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

INHS04(9/98)

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