



Aug-19-04 01:06P

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Division of Corporations

FA NO. 2125646997

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Florida Department of State
Division of Corporations
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8/19 P/A Change

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

From: Account Name : NATIONAL CORPORATE RESEARCH, LTD.
Account Number : 120000000088
Phone : (800) 221-0102
Fax Number : (712) 564-6083

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STATE OF FLORIDA
TALLAHASSEE

04 AUG 19 AM 10:43

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REGISTERED AGENT CHANGE

RAFAEL RESORT INVESTORS LTD.

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08/10/04 11:09 FAX 212 815 8468

WATRA CORPORATE FAX NO. 2125646997

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0002

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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. Rafael Resort Investors L.T.D
Name of the limited partnership

2. 5/15/89
Date of filing/registration in Florida

3. A08331
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
1001 Hays Street
Address
Tallahassee FL 32301
City, State and Zip

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

National Corporate Research, Ltd., Inc.
Name
103 N. Meridian Street
Florida street address (P.O. Box not acceptable)
Tallahassee FL 32301
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

Richard A. Wilson, VP.
Signature of General Partner

Paul Mackin - VP. of HERO TURNBERRY CORPORATION, C.P.
Print Signer's Name & Title and/or Capacity

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

SUSAN BUSCARNERA, ASST. Secy
Print Signer's Name & Title and/or Capacity

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

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