



A30792

ACCOUNT NO. : 072100000032

REFERENCE : 187511 4312752

AUTHORIZATION :

COST LIMIT : \$ 35.00

Patricia Piquit

FILED
01 JUN 18 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : June 15, 2001

ORDER TIME : 9:47 AM

ORDER NO. : 187511

CUSTOMER : 4312752

Ms. Lisa M. Weeden
Shipman & Goodwin Llp
One American Row

Hartford, CT 06103-2819

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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATION
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CHANGE OF AGENT

NAME: DAVIE PLAZA LIMITED
PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Deborah Schroder -- EXT# 1118

EXAMINER: _____

BK

01 JUN 88 PM 12:34
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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**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. DAVIE PLAZA LIMITED PARTNERSHIP

Name of the limited partnership

2. November 6, 1990

Date of filing/registration in Florida

3. A30792

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:

c/o Konover & Associates South, Inc.

Name

7000 W. Palmetto Park Road, Suite 408

Address

Boca Raton, FL 33433

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)

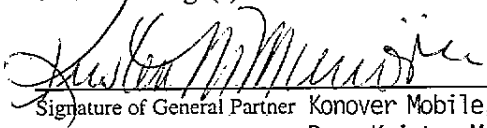
Tallahassee

FL

32301

City, State and Zip

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


Signature of General Partner Konover Mobile, Inc., its General Partner

By: Kristen M. Mirrione, its Treasurer

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


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**