DOCUMENT / MANE JUP, INC. 1 INDEPENDENT DRIVE STE 1600 JACKSONVILLE FL 32202  STREET ADDRESS CITY-ST-ZIP  OCCUMENT / MANE TREET ADDRESS TREET ADDRESS CITY-ST-ZIP  OCCUMENT / MANE TREET ADDRESS CITY	200	2 014	LOUM DOS	)14	E33 KEP(	)KI	(ORK)				
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INDEPENDENT ORNE SUITE 1600 JACKSONNILLE FL 20202-5009  2. Principal Place of Business  Suite, Aot #, etc.  Suite, Aot #, etc.  Suite, Aot #, etc.  Suite, Aot #, etc.  Country  2. December Suite Sui			Ponte Vedra, Ltd.								
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2. Principal Place of Blueness 3. Mailing Address Surfa April 4. FEI Number 59-3149164 Applied For Address of New Registered Agent For Applied For App	1 INDEPEND	DENT DRIVE	S		I INDEPENDENT DRIVE		·	SECI TALL	RETARY OF	STATE	LF
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite   A. FEI Number   Sy3149164   Not Applicable				!	Jacksonville FL 32202	2-5009				LUKIUA	
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Z-p Country Zip Country 5. Country 5. Conflictate of Status Desired S8.75 Additional February 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name Agent 7. Name Address of New Registered Agent 7. Name Ad	Suite, Apt. #, etc. Suite, Apt. #, etc.								DUE BY N	IAY 1, 2002	2
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SHELDS, DAVID R 1 INDEPENDENT DRIVE SURTE 1600 JACKSOWILLE FL 32202  B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forida.  SIGNATURE  Symm. Speed in prison rank of registered agent, or both, in the State of Forida.  SIGNATURE  Symm. Speed in prison rank of registered agent or double deprison this Expectation.  A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  TO THE Centeral Partners MAY NOT be changed on the form; an amendment must be flied to change a general partner.  SIGNATURE  SIGNATURE  GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  TO THE ADDRESS OF THE WINDOWN THE WINDO	Zip	····			•	Cour	ntry	5. Certificate of S	<u>-</u>		B.75 Additional
1 NDEPENDENT DRIVE SUITE 1600 JACKSONVILLE FL 32202  City FL Zip Code  City FL Zip C		6. Name	and Address of Curren	t Regis	tered Agent	<b></b>	<del> </del>	7. Name and Ad	dress of New Re	gistered Ag	ent ~
SUITE 1600 JACKSONVILLE FL 32202  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both. In the State of Florida  SIGNATURE  9. Capital Contributions as Shown on record. 9. Capital Contributions as S								ss (P.O. Box Number is	Not Acceptable)		<del></del>
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE    Signature, toped to present name of registeres agent and site if approache.   DATE   Signature, toped to present name of registeres agent and site if approache.   DATE   Signature, toped to present name of registeres agent and site if approache.   DATE   Signature, toped to present name of registeres agent and site if approache.   DATE   Signature, toped to present name of registeres agent and site if approache.   DATE   Signature, toped to present name of registeres agent and site if approache.   DATE   Signature, toped to present name of signature agent and site if approache.   DATE   Signature, toped to present name of signature agent and site if approache.   DATE   A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.										<u> </u>	<u> </u>
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SIGNATURE:

SIGNATURE AND TYPED GAPRINTER NAME OF SIGNING GENERAL PARTNER