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(Re	equestor's Name)	
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SALLAHASSEE, FLORIDA

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390 NORTH ORANGE AVENUE SUITE 1100 ORLANDO, FLORIDA 32801 P.O. BOX 4961 (32802-4961) TELEPHONE: 407.839,4200 FACSIMILE: 407.425.8377 www.broadandeassel.com

HELEN BROCK FORD DIRECT LINE: (407) 481-5222 DIRECT FACSIMILE: (407) 650-0952 EMAIL: hford@broadandcassel.com

January 4, 2005

Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Re:

Ivey Groves, Ltd.

Dear Sir/Madam:

Enclosed for filing, please find the original Limited Partnership Statement of Change of Registered Office or Registered Agent, or both for Ivey Groves, Ltd. Also enclosed is our firm's check in the amount of \$35.00. Please return confirmation of the filing. Thank you.

Sincerely,

Paralegal

/hbf

Enclosures

Cc: Mrs. Esther L. Ivey

2005 JAN -7 PM 1: 24 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. Ivey Groves, Ltd.		
· · · · · · · · · · · · · · · · · · ·	Name of the limited partnership	
2. 4/21/94	3 A9400000553	
Date of filing/registration in	in Florida Document number assigned	
•	agent and the registered office address as shown on the re-	cords of the Florida
Department of State: W&F	P Services, Inc.	
1936	Name 6 Lee Road, Suite 101	
• • •	Address	
Winte	ter Park, FL 32789	
,	City, State and Zip	
5. The name and address of the	ne new registered agent and/or office:	
B&C C	Corporate Services of Central Florida, Inc.	
	Name	•
390 N.	Orange Avenue, Suite 1100	
	Florida street address (P.O. Box not acceptable)	₫. ~
Orlando	o _{FL} 32801	
6. Such change(s) was/were au	City, State and Zip authorized by the general partners.	JAH - 7 RETAR) AHASSI
Signature of General Partner	- Juey	7 PM Y OF S SEE, FL
with the provisions of all statu	nt as registered agent and agree to act in this capacity. I fur tutes relative to the proper and complete performance of bligations of my position as registered agent. Or, if this do the registered office address, I hereby confirm that the lim change.	mv duties: and Lam
B+C corp. Service	is, are	
y: Br	- Vice present	
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