

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 13, 1997

THOMAS A. GEIS
273 BELLEAIR DRIVE NE
ST. PETERSBURG, FL 33704

SUBJECT: 8620 S. TAMIAMI TRAIL, LTD.
Ref. Number: A94000001261

We have received your document for 8620 S. TAMIAMI TRAIL, LTD. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6909.

Velma Shepard
Corporate Specialist

Letter Number: 397A00007697

Florida Department of State, Jim Smith, Secretary of State

**LIMITED PARTNERHSIP 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 organized under the laws of the state of

FLORIDA, submits the following statement
in order to change its registered office or registered agent, or both, in the state of
Florida.

1. The name of the limited partnership is:

8660 S. TAMPAH TRAIL, LTD

2. The date of filing/registration in Florida:

9-15-97

3. Document number assigned:

AY4000001061

4. The name and address of the present registered agent and office:

OLIN G. SHIVERS

ONE TAMPA CITY CENTER, STE 2100

TAMPA, FLA 33602

5. The name and address of the successor registered agent and office.:

THOMAS A. GELIS (P.O. Box not Acceptable)

273 BELLEAIR DRIVE NE

ST. PETERSBURG, FLA 33704

Such change was authorized by the general partners

SIGNATURE: [Signature]

General Partner

Date: 3/10/97

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF
PROCESS FOR THE ABOVE STATED LIMITED PARTNERSHIP AT THE PLACE DESIG-
NATED IN THIS CERTIFICATE, 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 OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE: Thomas A. Gelis

Registered Agent

Date: 2-19-97

FILED
97 MAR 21 PM 12:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA