

A95000000257

CFRA, LLC
Registered Agent Services
A Subsidiary of Carlton Fields

ONE HARBOUR PLACE, 5TH FLOOR
777 S. HARBOUR ISLAND BOULEVARD
TAMPA, FLORIDA 33602-5730

MAILING ADDRESS:
P. O. BOX 3239
TAMPA, FLORIDA 33601-3239
TEL (813) 223-7000 FAX (813) 229-4133

FILED
2002 MAY 13 AM 11:25
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

May 9, 2002

Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

300005506363--7
-05/13/02-01065--009
****155.00 *****35.00

Re: Registered Agent Statements of Change

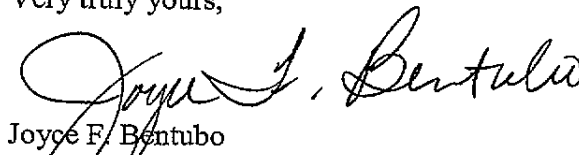
Gentlemen:

Please find enclosed statements of change for the registered agents of the following corporations and limited liability companies:

American Beach Resort, L.P.
~~Daytona Americano Management, Inc.~~
~~Manual Medicine Center, Inc.~~
~~Larian, L.L.C.~~
Mediterranean LLC

Also enclosed is Carlton Fields' Check No. 293334 in the amount of \$155.00 for the payment of the filing fees of the above-described statements of change.

Very truly yours,


Joyce F. Bentubo
Administrative Assistant

jfb
Enclosures

**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. Americano Beach Resort Limited Partnership
Name of the limited partnership

2. 2/23/95
Date of filing/registration in Florida

3. A95000000257
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:

Marsha G Madorsky Esq
Name
100 SE 2nd St suite 4000
Address
Miami FL 33131
City, State and Zip

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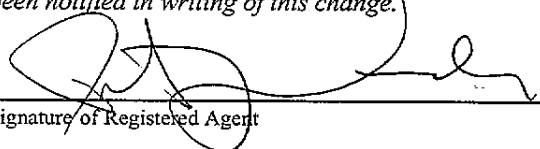
5. The name and address of the new registered agent and/or office:

CFRA LLC
Name
One Harbour Place 777 S. Harbour Island Blvd
Florida street address (P.O. Box not acceptable)
Tampa FL 33602
City, State and Zip
suite 500

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


Signature of General Partner

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 of Registered Agent

Peter J. Winders, Vice President
5/07/02

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