A95000000257

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

**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

May 9, 2002

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****155.00 *****35.00

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

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

Joyce F. Bentubo
Administrative Assistant

jfb
Enclosures

TPA#1745208.01

J. BRYAN MAY 20 2002

# 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. 2/23/93
   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 suite 500
   Florida street address (P.O. Box **not** acceptable)

   Tampa FL 33602
   City, State and Zip

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.*

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

INHS04(9/98)