

A95000000475

MITCHELL BROTHERS, INC.

P. O. Box 18006

MOBILE, ALABAMA 36616

334-344-3800

FAX 344-7662

January 23, 1998

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Mirabelle-Mitchell Partners, Ltd.

To Whom It May Concern:

Find enclosed a Statement of Change of Registered Agent for the above referenced Limited Partnership and a check in the amount of \$35.00. If you have any questions please give me a call at 334/344-3800.

Sincerely,

J. Donald Melton

J. Donald Melton
Treasurer

JDM/cw
encls:

600002417546--9
-01/30/98--01093--001
*****35.00 *****35.00

NA change
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

98 JAN 30 PM 12:20

FEB 3 1998

**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. MIRABELLE-MITCHELL PARTNERS, LTD.
Name of the limited partnership
2. MARCH 22, 1995 3. A 95000000475
Date of filing/registration in Florida 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:

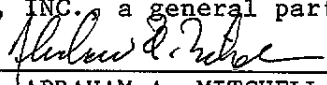
WILEY C. PAGE
Name
SUITE 1, 8826 NORTH DAVIS HWY
Address
PENSACOLA, FL 32514
City, State and Zip

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

JACKIE P. MELVIN
Name
SUITE 1, 8826 NORTH DAVIS HWY
Florida street address (P.O. Box not acceptable)
PENSACOLA, FL 32514
City, State and Zip

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

MITCHELL BROTHERS, INC. a general partner

BY: 
Signature of General Partner ABRAHAM A. MITCHELL
Vice-President

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

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00

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TALLAHASSEE, FLORIDA