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PAGE 01/10

FEB-09-2005

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Page 1 of 1

Florida Department of State  
Division of Corporations  
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MJH

To:  
Division of Corporations  
Fax Number : (850) 205-0380

From:  
Account Name : MACFARLANE FERGUSON & MCMULLEN (CLEARWATER)  
Account Number : 071005001001  
Phone : (727) 441-8966  
Fax Number : (727) 442-8470

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DIVISION OF CORPORATIONS

A95-971

REGISTERED AGENT CHANGE

RFR AMERILIFE, LTD.

Certificate of Status	1
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Estimated Charge	\$43.75

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**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 agent, or both, in the state of Florida.

1. RFR AmeriLife, Ltd.  
Name of the limited partnership

2. June 28, 1995 3. A95000000971  
Date of filing/registration in Florida Document number assigned

4. The name and address of the registered agent as shown on the records of the Florida Department of State:

Leo J. Salvatori  
Name

4001 Tamiami Trail N., Suite 330  
Address

Naples, Florida 34103  
City, State and Zip

5. The registered office address as shown on the records of the Florida Department of State is:

5130 Main Street, Suite 6  
Address

New Port Richey, Florida 34652  
City, State and Zip

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

Timothy O. North  
Name

2536 Countryside Blvd., 6<sup>th</sup> Floor  
Florida street address (P.O. Box not acceptable)

Clearwater, Florida 33763  
City, State and Zip

7. The new registered office is:

2536 Countryside Blvd., 6<sup>th</sup> Floor  
Florida street address (P.O. Box not acceptable)

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Clearwater, Florida 33763

City, State and Zip

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

REINSURANCE CONSULTING LLC,  
General Partner of RPR AmeriLife, Ltd.

  
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

**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**

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TOTAL P.03