

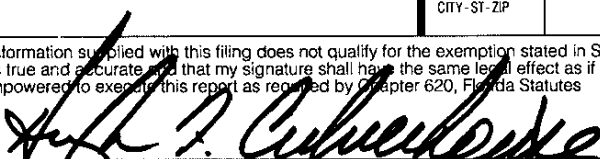


FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JAN 26 AM 10: 15

<b>DOCUMENT # A95000001049</b>						<b>SECRETARY OF STATE DIVISION OF CORPORATIONS</b>	
1. Entity Name <b>CULVERHOUSE LIMITED PARTNERSHIP</b>				05 JAN 26 AM 10:15			
Principal Place of Business 2601 S BAYSHORE DR, PH 1-C MIAMI, FL 33133				Mailing Address 2601 S BAYSHORE DR, PH 1-C MIAMI, FL 33133			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042005 Chg-LP CR2E003 (10/03)		Applied For	
City & State		City & State		4. FEI Number 59-3323432		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
COOK, JOHN F ESQ JOHN F COOK, P.A. 2033 WOOD ST, STE 220 SARASOTA, FL 34237				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
9. Capital Contributions as Shown on record. \$42,000,000.00				10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>							
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY			
DOCUMENT #	P95000054004			STREET ADDRESS	2601 S. Bayshore Dr., PH1-C		
NAME	JOY M. CULVERHOUSE, INC.			CITY-ST-ZIP	Miami, FL 33133		
STREET ADDRESS	3301 BAYSHORE BLVD., SUITE 2401						
CITY-ST-ZIP	TAMPA, FL 33629						
DOCUMENT #				STREET ADDRESS			
NAME				CITY-ST-ZIP			
STREET ADDRESS							
CITY-ST-ZIP							
DOCUMENT #				STREET ADDRESS			
NAME				CITY-ST-ZIP			
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DOCUMENT #				STREET ADDRESS	100046010421		
NAME				CITY-ST-ZIP	02/04/05--01010--006 **526.25		
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CITY-ST-ZIP							
DOCUMENT #				STREET ADDRESS			
NAME				CITY-ST-ZIP			
STREET ADDRESS							
CITY-ST-ZIP							
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes							
SIGNATURE: 				1/4/05			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date Daytime Phone #			