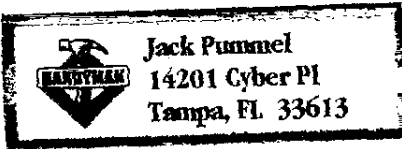


A9600000519

(Requestor's Name)



(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

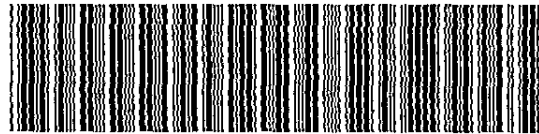
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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Office Use Only



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04 MAR -1 PM 5:12

**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. 14250 REALTY ASSOCIATES, LTD  
Name of the limited partnership

2. 3/19/1996  
Date of filing/registration in Florida

3. A96000000519  
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:

INTRASTATE REGISTERED AGENT CORP.  
Name  
200 S. ORANGE AVE - SUITE 2600  
Address  
ORLANDO, FL 32801  
City, State and Zip

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

JACK PUMMEL  
Name  
12962 88TH AVENUE N.  
Florida street address (P.O. Box not acceptable)  
SEMINOLE FL 33776  
City, State and Zip

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

Saul Eisman  
Signature of General Partner

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04 MAR - 1 PM 5:12  
TALLAHASSEE, FLORIDA

*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.*

Jacob R. Pummel  
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**