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ACCOUNT NO. : 072100000032 REFERENCE : 187511 AUTHORIZATION COST LIMIT : \$ 35.00 ORDER DATE: June 15, 2001 ORDER TIME : 9:48 AM ORDER NO. : 187511 CUSTOMER NO: 4312752 CUSTOMER: Ms. Lisa M. Weeden 000004424230--3 Shipman & Goodwin Llp One American Row Hartford, CT 06103-2819 CHANGE OF AGENT NAME: LAKE POINT CENTRE ASSOCIATES, LTD. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY ___ PLAIN STAMPED COPY

EXAMINER:

CONTACT PERSON: Deborah Schroder -- EXT# 1118

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.

Name of the limited partnership 2. March 28, 1996	
2 March 28, 1996	_
Date of filing/registration in Florida Document number assigned	<u> </u>
4. The name of the registered agent and the registered office address as shown on the records of the Flo	orida
i and the second	Jitta
c/o Konover & Associates South, Inc.	
Name Palmett P	7
West Falmetto Park Road, Suite 408	1
Address C	TI
Boca Raton, FL 33433 City, State and Zip	: 0
City, State and Zip	5
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The name and address of the new registered agent and/or office:	;n
Corporation Service Company	
Name	**
1201 Hays Street	
Florida street address (P.O. Box not acceptable)	
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Tallahassee FI 32301	
City, State and Zip Such-change(s) was/were authorized by the general partners.	•
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Mary Million in the	
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nature of General Partner K. South, Inc. its General Partners By: Kristen M. Mirriore, its Treasu	TI-2CTI-
ereby accept the appointment as registered	
ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to con th the provisions of all statutes relative to the proper and complete performance of my duties, and I niliar with and accept the obligations of my position as registered agant. On the control of my duties, and I	nply
niliar with and accept the obligations of my position as registered agent. Or, if this document is being f erely to reflect a change in the registered office address. I hereby confirm the state of the second	l am
rely to reflect a change in the registered office address, I hereby confirm that the limited partnership on notified in writing of this change.	niea has
	rices
rporation Service Company	
WOLD DUTE	
nature of Registered Agent	
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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