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ADMINISTRATIVE OFFICES
3400 NORTHEAJT 34THJTREET
SUITE 101
FORT LAUDERDALE, FL 33308
PHONE: (954) 566-418

PAX:

(954) 568-4684

June 6, 2000

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

RE: Change of Registered Agent

Dear Sir or Madam:

Enclosed please find Limited Partnership Statement of Change of Registered Office or Registered Agent OR Statement of Change of Registered Office or Registered Agent or Both for Corporations, together with a \$35.00 check from each entity, with regard to changing the name and address of the Registered Agent for each of the following entities:

- 1. Afton Villa Inc.
- 2. EDB Corp.
- 3. EDB Hills Corp.
- 4. EDH Corp.
- 5. EDH Hills Corp.
- 6. East Ocean Developers, Ltd.
- 7. 5 Diamonds, Inc.
- 8. RICF, Ltd.
- 9. Wols, Ltd.

Please see to the processing of the within documentation at your earliest convenience. Thank you for your courtesies in this matter.

Yours truly,

Militalija // Marilyn Malin

Administrative Assistant

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Enclosures

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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 office or registered agent, or both, in the state of Florida.

1. RICF, Ltd	1	/		-		
112 57 7 12 60		Name of the limited partne	ership			
2. 12/09/96 Date of filing/re	gistration in Florida	3. A9600002251 ration in Florida Document number assigned				
4. The name of the re Department of Sta	ie:	the registered office adauli Corporate			Is of the 1	Florida
		Name h Flagler Driv Address				-
	<u>West Palı</u>	m Beach, FL 33 City, State and Zip	401	-		
5. The name and addr	ess of the new regis	tered agent and/or offi	ice:			
	Sam Richt	Name			00 1200 1200 1200	
	3400 NF Florida stree	34th Street, # et address (P.O. Box no	101 t acceptable)			Į.
6. Such change(s) was Afton Part By: Signature of General Partner	were authorized by	<u> </u>	08		-9 FM 2: 56	E C
I hereby accept the ap comply with the provisi I am familiar with and being filed megely to partnership has been n	accept the obligation of the control	ered agent and agree elative to the proper of ions of my position at the registered office this change.	to act in this co ind complete per s registered ager address, I hereb	apacity. I f formance of ut. Or, if th vy confirm t	urther ag my dutie vis docun that the l	ree to s, and nent is imited
Signature of Registered Age	ent	·		and the second		
Div	ision of Corporation	ons, P.O. Box 6327, 7	Tallahassee, FL	32314		

Filing Fee: \$35.00

INHS04(9/97)