BRUSSELS CHICAGO DEL MAR DENVER DETROIT JACKSONVILLE LOS ANGELES MADISON MILWAUKEE

800 BRICKELL AVENUE, SUITE 201 MIAMI, FLORIDA 33131 TELEPHONE (305) 808-7910 FACSIMILE (305) 808-7911 WWW.FOLEYLARDNER.COM ORLANDO
SACRAMENTO
SAN DIEGO
SAN FRANCISCO
TALLAHASSEE
TAMPA
WASHINGTON, D.C.
WEST PALM BEACH

December 7, 2001

EMAIL ADDRESS rjrazook@800.brickell.com

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Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

> Wafiya Family Partnership, Ltd. Document Number: A96000002312

Dear Sir or Madam:

This letter is to notify your office of a change of address for the above referenced partnership:

Previous address:

One Southeast Third Avenue, Suite 1700

Miami, Florida 33131

New address:

800 Brickell Avenue, Suite 201

Miami, Florida 33131

Phone Number:

305-808-7910

Fax Number:

305-808-7911

The above address is both the physical location and the mailing address of Wafiya Family Partnership, Ltd. Please adjust your records accordingly. Thank you for your prompt attention to this matter.

Sincerely.

RJR/ler

A96-317

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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. WAFIYA FAMILY PARTNERSHIP, LTD. Name of the limited partnership	
Name of the limited partnership	
2. DECEMBER 13, 1996 3. P9600002312 Date of filing/registration in Florida 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: RICHARD J. RAZOOK. Name	-
COTHOMSON MURARO RAZOOK & HART, A	-
5. The name and address of the new registered agent and/or office:	
RICHARD J. RAZOOK	
SUITE 20 Florida street address (P.O. Box not acceptable)) <i> </i>
City, State and Zip 6. Such change(s) was/were authorized by the general partners.	
Mandelle	
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.	

Make checks payable to Florida Department of St

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