

CT CORPORATION

A97000000268

CORPORATION(S) NAME

West Palm Beach Fla, CPDC Ltd.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 SEP -6 PM 1:36

FILED

RECEIVED
02 SEP -6 PM 11:24

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|--|---|--|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | <input checked="" type="checkbox"/> Change of RA |
| | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____
 Availability _____
 Document _____
 Examiner _____
 Updater _____
 Verifier _____
 W.P. Verifier _____

9/6/02

Order#: 5564824

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-09/06/02--01018--021

Ref#:

*****35.00 *****35.00

Amount: \$

660 East Jefferson Street
 Tallahassee, FL 32301
 Tel. 850 222 1092
 Fax 850 222 7615

A97-268
 GPC

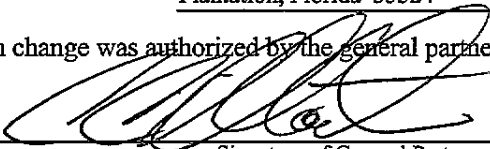
**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned, _____ of the _____ state of Florida, submit the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

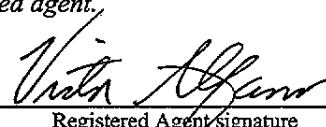
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. West Palm Beach, Fla., CPDC Ltd.
Name of the limited partnership
2. 01/30/1997
Date of filing/registration in Florida
3. A97000000268
Document number assigned
4. The name and address of the present registered agent and office:
Cohen, Fred C Esq.
712 U.S. Highway One, #400
North Palm Beach, FL 33408
5. The name and street address of the successor registered agent and office: (P.O. Box not acceptable)
C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida 33324

Such change was authorized by the general partners.


Signature of General Partner
C. Cammack Morton, Secy. The Wilbur Marvin Foundation, Inc.
Having been named as registered agent and to accept service of process for the above stated limited partnership at the place designated in this certificate, 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 obligation of my position as registered agent.

9/1/02
Date


Registered Agent Signature
Victor Alfano
Assistant Secretary

9/5/02
Date

Filing Fee: \$35.00

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

INHSE004(3/95)