



# A97000002210

ACCOUNT NO. : 072100000032  
 REFERENCE : 187511 4312752  
 AUTHORIZATION :  
 COST LIMIT : \$ 35.00

FILED  
 01 JUN 18 PM 1:01  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

*Patricia Pizit*

ORDER DATE : June 15, 2001  
 ORDER TIME : 9:42 AM  
 ORDER NO. : 187511

CUSTOMER NO: 4312752  
 CUSTOMER: Ms. Lisa M. Weeden  
 Shipman & Goodwin LLP  
 One American Row  
 Hartford, CT 06103-2819

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 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 2001 JUN 18 AM 10 39  
 NOT INCLUDED  
 TO ACKNOWLEDGE  
 SUFFICIENCY OF FILING

CHANGE OF AGENT

NAME: JUPITER PALMS ASSOCIATES, LTD.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
 XX \_\_\_\_\_ PLAIN STAMPED COPY

BK

CONTACT PERSON: Deborah Schroder -- EXT# 1118

EXAMINER: \_\_\_\_\_

**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. JUPITER PALMS ASSOCIATES, LTD.

Name of the limited partnership

2. October 14, 1997

Date of filing/registration in Florida

3. A97000002210

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:

c/o Konover & Associates South, Inc.

Name

7000 W. Palmetto Park Road, Suite 408

Address

Boca Raton, FL 33433

City, State and Zip

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

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box not acceptable)

Tallahassee

FL

32301

City, State and Zip

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



Signature of General Partner K. South, Inc. its General Partner

By: Kristen M. Mirrione, its Treasurer

*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.*

Corporation Service Company



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**