FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT DIVISION OF CORPORATIONS 98 JAN 27 AM 10: 39 **DOCUMENT#** 1. Name of Limited Partnership A9 7000002218 15 V GreenBRIAN associAtes LtD. Mailing Address Principal Office Address 1226 Commerce St. #300 Initial 4. State or Country of Formation Mailing Address 2a. Principal Office Address Florida 6. FEI Number Suite, Apt. #, etc. Suite. Apt. #. etc. Applied For 75-2731096 🗖 Not Applicable City & State City & State 7. Certificate of Status Desired \$8.75 Additional Fee Required Zıp Ζip Country Country 8. Make check payable to: Dept. of State (See reverse side for fee information) 9. Name and Address of Current Registered Agent 10, If changed, new Registered Agent/Office Corporation Service Company Streel Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc 02/04/98--01055--008 Pursuant to the provisions of sections 620 1051 and 620 192, Florida Statutos, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, I am familiar with, and accept the obligation Karen B. Rozar, As Its Agent SIGNATURE (Registered Agent Accepting Ag IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY A GENERAL PARTNER THAT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) Registration/ 11. 11b. Name(s) of General Partner(s) 1222 Commerce St. Dalles, Tx 75202 15 V ASSOCIATES, Inc. Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 12. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes Trelease the Division of Corporations from any liability of non-compliance with Section 119 07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual roport is true and accurate and that my signature shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes. SIGNATURE _

Typed or Printed Name of General Partner Signing Form