



A98000000561

ACCOUNT NO. : 072100000032

REFERENCE : 342065 7175421

AUTHORIZATION : Patricia Pizzuti

COST LIMIT : \$ 35.00

FILED
01 AUG -3 AM 10:09
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ORDER DATE : August 1, 2001

ORDER TIME : 11:24 AM

ORDER NO. : 342065

CUSTOMER NO: 7175421

CUSTOMER: Ms. Nicolle Donald
The Brisben Companies
7800 East Kemper Road

800004513738--9

Cincinnati, OH 45249

CHANGE OF AGENT

NAME: BRISBEN FLORIDA II LIMITED
PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

BK

CONTACT PERSON: Eileen Herndon -- EXT# 1145

EXAMINER: _____

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 AUG -3 AM 8:49

NOT IN ENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

**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. BRISBEN FLORIDA II LIMITED PARTNERSHIP

Name of the limited partnership

2. 2/24/1998

Date of filing/registration in Florida

3. A98000000561

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 T Corporation System

Name

1200 South Pine Island Road

Address

Plantation, FL 33324

City, State and Zip

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.

Robert E. Schuler, Vice President of

R E Schuler

Signature of General Partner

Brisben Florida, Inc., 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.

Corporation Service Company

**Deborah D. Skipper
as its agent**

Deborah D. Skipper

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**

FILED
01 AUG -3 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA