

CT CORPORATION SYSTEM

CORPORATION(S) NAME

(6) Faison-Westland Limited  
Partnership

A98-882

000003851620--9  
-03/14/01--01003--018  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

<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 \_\_\_\_\_

3/13/01

gc

Order#: 3513702

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

RECEIVED  
DIVISION OF STATE  
CORPORATIONS  
2001 MAR 13 PM 2:53  
NOT RETURNED  
TO AGENCY OF FILING

FILED  
01 MAR 13 AM 8:10  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

**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 organized under the laws of the state of Florida, submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Faison-Westland Limited Partnership  
Name of the limited partnership
2. 04/06/1998 3. A98000000882  
Date of filing/registration in Florida Document number assigned

4. The name and address of the present registered agent and office:

Corporation Service Company

1201 Hays Street

Tallahassee, Florida 32301-2525

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.

By: FCD-1997 G.P., Inc., its general partner

Nancy L. Farmer

Signature of General Partner

February 27, 2001

Date

Nancy L. Farmer, Assistant Secretary

*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.*

Joan Bolden

Registered Agent signature

JOAN BOLDEN

ASSISTANT SECRETARY

Filing Fee: \$35.00

3/12/01

Date

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

INHSE004(3/95)

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01 MAR 13 AM 8:10  
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TALLAHASSEE, FLORIDA