

A98000001436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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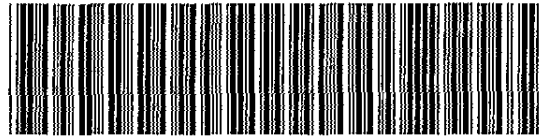
(Business Entity Name)

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DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 481535 5171034

AUTHORIZATION :

COST LIMIT : \$ 35.00

Patricia Pigute

04 MAR 19 AM 9:15
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : March 8, 2004

ORDER TIME : 9:38 AM

ORDER NO. : 481535-010

CUSTOMER NO: 5171034

CUSTOMER: William G. Brown, Cfo
Gregory Greenfield &
124 Johnson Ferry Road N.e.

Atlanta, GA 30328

CHANGE OF AGENT

NAME: GREGORY GREENFIELD &
ASSOCIATES, LTD.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon -- EXT# 2945

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. GREGORY GREENFIELD & ASSOCIATES, LTD.
Name of the limited partnership

2. 06/10/1998 3. A98000001436
Date of filing/registration in Florida 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:

CT Corporation System
Name
1200 South Pine Island Road
Address
Plantation, FL 33324
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.

Gregory Greenfield & Associates, Inc.

William G. Brown, Jr.
Signature of General Partner

William G. Brown, Jr., Vice President

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

Elva M. Shipkowski

Signature of Registered Agent Elva M. Shipkowski, Asst. Vice President

**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**