

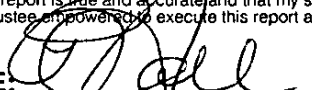


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 20 AM 9:30

DOCUMENT # A98000002731				SECRETARY OF STATE DIVISION OF CORPORATIONS	
1. Entity Name HALLMARK SOUTH, LTD.		05 JUN 20 AM 9:30			
Principal Place of Business 1700 S. DIXIE HWY., STE. 400 BOCA RATON, FL 33432		Mailing Address 1700 S. DIXIE HWY., STE. 400 BOCA RATON, FL 33432			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06082005 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number 65-0905295	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HALL, ROGER EVANS 1700 S. DIXIE HWY., STE. 400 BOCA RATON, FL 33432				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$2,250,000.00		10. Amount of Capital Contributions in FLORIDA to date.		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	P98000028372	STREET ADDRESS			
NAME	HALLMARK SOUTH, INC.	CITY-ST-ZIP			
STREET ADDRESS	1700 S. DIXIE HWY., STE. 400				
CITY-ST-ZIP	BOCA RATON, FL 33432				
DOCUMENT #		STREET ADDRESS	600056616106		
NAME		CITY-ST-ZIP	06/28/05--01038--018 **526.25		
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NAME		CITY-ST-ZIP			
STREET ADDRESS					
CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: 		ROGER HALL		6/16/05 561-362-5234	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					