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FILED

2004 JUN -3 A 11: 22

SECRETARY OF STATE
TALLAHASSEE, FL

(Requestor's Name)

SHARON HUNTER
GANNON INTL
11301 OLIVE BLVD

ST. LOUIS, MO 63141

(Address)

(City/State/Zip/Phone #)

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**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED
OFFICE OR REGISTERED AGENT, OR BOTH**

FILED

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.

2000 JUN 3 11 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Williams Pointe Limited Partnership

Name of the limited partnership

2. 11/8/99

Date of filing/registration in Florida

3. 499000001828

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:

Sybil C. Field

Name

15750 SW 105th Terrace, Suite CL-201

Address

Miami, FL 33196

City, State and Zip

5. The name and address of the new registered agent and/or office:

Sybil C. Field

Name

6763 SW 88th Street

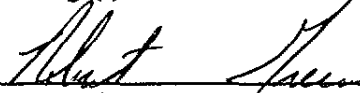
Florida street address (P.O. Box **not** acceptable)

Miami, FL 33156

FL

City, State and Zip

6. Such change(s) was/were authorized by the general partners.


Signature of 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.


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**