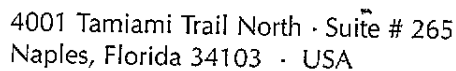


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SECRETARY OF STATE
DIVISION OF COORDINATIONS
00 OCT 27 PM 1:06



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1. _____
(Corporation Name)

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2. _____
(Corporation Name)


(Document #)

3. _____
(Corporation Name)

(Document #)

4. _____
(Corporation Name)

(Document #)

 Walk in

 Pick up time

☐ Certified Copy

☐ Mail out

☐ Will wait

 Photocopy

 Certificate of Status

AMENDMENTS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

☐ Annual Report
☐ Fictitious Name

☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

RA chg.

V. SHEPARD NOV 8 2000

Examiner's Initials

**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. Provence Penthouse, Ltd.
Name of the limited partnership

2. 11-18-99
Date of filing/registration in Florida

3. A99000001919
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:

Euro-American Consultants, Inc.
Name

4001 Tamiami Trail North, #265
Address

Naples, FL 34103
City, State and Zip

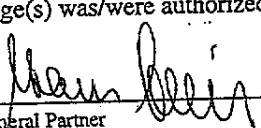
5. The name and address of the new registered agent and/or office:

U.S. Investor Services, Inc.
Name

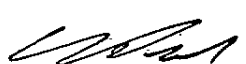
4901 Tamiami Trail North
Florida street address (P.O. Box not acceptable)

Naples FL 34103-3010
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

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~~PAID OCT 25 2000~~