

## Via Courier

Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399

700004751037----01/04/02--01028--001 \*\*\*\*\*140.00 \*\*\*\*\*87.50

Re: Amendments to Technical Mortgage, L.P.

Dear Sir or Madam:

1301-95

Enclosed please find an executed Certificate of Amendment to Application for Registration, an executed Limited Partnership Change of Registered Agent, and a check in the amount of \$140.00 for the filing fees (\$35.00 for the Change of Registered Agent, \$52.50 for the Amendment, and \$52.50 for a certified copy).

Upon filing these documents please forward a certified copy of the amendment for the above entity.

If there are any additional fees or information required, please do not he sitate to contact me at (281) 243-0164.

Thank you in advance for you help on this matter.

Sincerely,

J. David Hubenak

35.00 52.50

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## 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	TECHNICAL N		L.P.				
		N	lame of the limited p	artnership			
2	MARCH 20, 2001  Date of filing/registration in Florida  3. B010000095  Document number assigned						
4.	The name of the register Department of State:	CT COR	ne registered office PORATION S Name DUTH PINE Address	YSTEM		ecords of t	he Florida
		PLANTAT	TION, FL	33324		e Jene	-
			City, State and	Zip		J— -	
5.	The name and address of	f the new regist PAUL LE	Ū	r office:		;	D
		IAUL LI				, ř	
	Name 123 N.W. 13TH STREET, SUITE 30  Florida street address (P.O. Box not acceptable)						
			Taddress (P.O. Bo	х <u><b>not</b></u> ассертаы 33432	e)		§ 3 7
	·	BOCH RA	City, State and			- ص	S TO IT
6.	Such change(s) was/were	e authorized by	the general parti	ners.		ORIDA	D 112:54
Sign	nature of General Partner T	M INVESTM	MENTS, L.L	.C.			
wii fan me: bee	ereby accept the appointn h the provisions of all si niliar with and accept the rely to reflect a change i en notified in writing of th	nent as registere tatutes relative obligations of i n the registerea	ed agent and agre to the proper ar	ee to act in this o ad complete per gistered agent	formance of Or if this d	my duties,	, and I am
Sign	nature 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