

B01000000124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

BK

CFRA, LLC
Registered Agent Services
A Subsidiary of Carlton Fields

ONE HARBOUR PLACE, 5TH FLOOR
777 S. HARBOUR ISLAND BOULEVARD
TAMPA, FLORIDA 33602-5730

MAILING ADDRESS:
P. O. BOX 3239
TAMPA, FLORIDA 33601-3239
TEL (813) 223-7000 FAX (813) 229-4133

March 31, 2003

Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

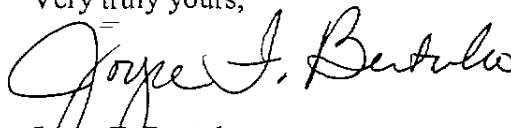
Re: Registered Agent Statements of Change

Gentlemen:

Please find enclosed statements of change for the registered agents of 345 Bay Shore Associates, L.P. and 345 Tampa, Inc.

Also enclosed is 345 Bayshore Associates Development's Check Nos. 2427 and 2428 in the amounts of \$35.00 for the payment of the filing fees of the above-described statements of change.

Very truly yours,



Joyce F. Bentubo
Administrative Assistant

jfb
Enclosures

**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. 345 Bay Shore Associates, L.P.
Name of the limited partnership

2. 4/6/01
Date of filing/registration in Florida

3. 801000000124
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:

ucc filing & search services Inc
Name

526 East Park Ave., Ste 200
Address

Tallahassee FL 32302
City, State and Zip

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STATE
TALLAHASSEE, FLORIDA

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

CFRA, LLC
Name

One Harbour Place, 777 S. Harbour Island Blvd., Ste. 5
Florida street address (P.O. Box not acceptable)

Tampa FL 33602
City, State and Zip

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

[Signature] V.P. General Partner
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]
Signature of Registered Agent
Peter J. Winders Vice President 3-17-03

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