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June 5, 2002

VIA FEDERAL EXPRESS
Tracking No. 7905 3820 5366

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

400005693864--4
-06/06/02--01027--001
*****35.00 *****35.00

Re: Anchorage Properties Limited

Dear Madam or Sir:

Enclosed please find one original and one copy of a limited partnership agent change form that we would like to file with your office. A check for \$35 is enclosed to cover the filing fee. Please file-stamp the copy and return it to my attention as proof of filing. A stamped, self-addressed envelope is enclosed for your use.

If there are any problems with this filing, please contact me at (614) 227-8823. Thank you for your assistance with this matter.

Very truly yours,

Maria Spencer
Maria E. Spencer
Corporate Legal Assistant

Enclosures

cc: James A. Rutledge, Esq.

BOI-197
QR

**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. Anchorage Properties Limited
Name of the limited partnership
2. 06/04/2001 3. B01000000197
Date of filing/registration in Florida 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: CT CORPORATION SYSTEM
Name
1200 SOUTH PINE ISLAND ROAD
Address
PLANTATION FL 33324
City, State and Zip
5. The name and address of the new registered agent and/or office:
Kathleen A. Loch
Name
5500 Village Blvd., Suite 200
Florida street address (P.O. Box not acceptable)
West Palm Beach FL 33407
City, State and Zip

6. Such change(s) was/were authorized by the general partners.
ANCHORAGE GP, INC.

James A. Rutledge
Signature of General Partner

James A. Rutledge, President

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.

Kathleen A. Loch
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**

02 JUN - 6 AM 10:44
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA