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Delocah L. K (Requestor's Name)
(Requestor's Name) 5500 Village Blvd 50 200 (Address)
West Palm Beach, FJ (Address)
(City/State/Zip/Phone #)
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FILED LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED 102 NOV -5 OFFICE OR REGISTERED AGENT, OR BOTH

SECRETARY OF STATE TALL AllASSEE, FLORIDA 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. IDEAL BUSINESS PROPERTIES LIMITED PARTNERSHIP		
	Name of the limited partnership	
2. 03/14/2002 Date of filling/regist	3. B0200000081 Tation in Florida Document number assigned	
Date of himpregist	Tation in Forture Document number assigned	
	stered agent and the registered office address as shown on the records of the Florida	
Department of State:	HARRINGTON, REBECCA	
	Name	
	5500 VILLAGE BLVD., SUITE 200	
	Address	
	WEST PALM BEACH FL 33407	
	City, State and Zip	
5. The name and address	ss of the new registered agent and/or office:	
D	EBORAH L. KRINER	
	Name	
5:	500 VILLAGE BLVD., SUITE 200	
Florida street address (P.O. Box not acceptable)		
W	EST PALM BEACH FL 33407	
City, State and Zip		
 Such change(s) was/were authorized by the general partners. Ideal Business Properties GP LLC 		
By: Walkington, Inc.		
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		
with the provisions of all statutes relative to the proper and complete performance of my auties, and I am familiar with and accept the obligations of my position as registered agent. Or, if this document is being filed		
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