

To: FL Dept Of State  
Subject: 001448.70743

From: Tracy Spear

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# B02000000094

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)205-0380

From: Account Name : CORPODIRECT AGENTS, INC.  
Account Number : 110450000714  
Phone : (850)222-1173  
Fax Number : (850)224-1640

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DIVISION OF CORPORATIONS

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

001448.70743.2

**REGISTERED AGENT CHANGE**

**METRA CROSS POOL 2, LP**

Certificate of Status	0
Certified Copy	0
Page Count	02
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**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. METRA Cross Pool 2, L.P.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 03/25/2002

Date of filing/registration in Florida

3. B02000000094

Florida document number

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 S. Pine Island Road.

Address

Plantation, FL

City, State and Zip

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

NRAI Services, Inc.

Name

2731 Executive Park Drive, Suite 4

Florida street address (P.O. Box not acceptable)

Weston

FL 33331

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Susan J. [Signature]  
Signature of General Partner, Partner, or other person

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.  
NRAI Services, Inc.

by:

[Signature]  
Signature of Registered Agent

Filing Fee: \$35.00  
Certified Copy (optional): \$52.50

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