

BO2000000298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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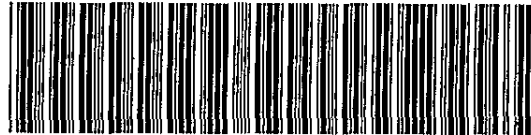
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BRIDGE SERVICE CORP.

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RE: C-K Charter Pointe L.P.
C-K Charter Pointe Realty Corp.
C-K Lake Park Realty Corp.
C-K Lake Park L.P.
Coolidge-CLK Mission Springs L.P.
Coolidge-CLK Mission Springs Realty Corp.

Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Good Afternoon,

Please file the attached Change of Agent Certificates and kindly return stamped copies in the enclosed self-addressed stamped envelope.

Our check in the amount of \$210 payable Secretary of State is enclosed as an advance.

If you have any questions, comments or problems with this request, do not hesitate to call.

I thank you for your assistance in this matter.

Esdra Valentin

2001 SEP 27 A 9 46
SECRETARY OF STATE
TALLAHASSEE, FL 32314

**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. Coolidge - CLK Mission Springs L.P.

Name of the limited partnership

2. 9-10-02

Date of filing/registration in Florida

3. B02000000298

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:

CorpDirect Agents, Inc.

Name

103 N. Meridian St., Lower Level

Address

Tallahassee, FL 32311

City, State and Zip

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

NRAI Services, Inc.

Name

526 E. Park Avenue

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

Tallahassee

FL 32301

City, State and Zip

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

*Coolidge - CLK Mission Springs L.P.
By Coolidge CLK Mission Springs Realty Corp*

Signature of General Partner

Craig Koenigsberg

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.

NRAI Services, Inc.

by: A. P. [Signature]

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**