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EXAMINER'S INITIALS:

CONTACT PERSON: Heather Chapman

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.PFL III, L.P.			
Name of the limited partnership			
2.December 13, 2002 3.B02000000410			
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:			
C T 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: Corporation Service Company 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:			
Corporation Service Company			
Name OF '			
1201 Hays Street			
Florida street address (P.O. Box not acceptable)			
Northal street matters (1.0. Don not acceptable)			
Tallahassee FL 32301			
City, State and Zip			
6. Such change (3) was were authorized by the general partners.			
Signature of General Partner			
Elizabeth Procaccianti			
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comp			
with the provisions of all statutes relative to the proper and complete performance of my duties, and I a			
familiar with and accept the obligations of my position as registered agent. Or, if this document is being file merely to reflect a change in the registered office address, I hereby confirm that the limited partnership he			
merety to reject a change in the registered office address, I hereby confirm that the timued partnership he been notified in writing of this change.			
,			
Corporation Service Company			
Nonexula. Heldel			
Signature of Registered Agent Jennifer A. Geldof, Asst. Vice President			
Signature of regularity definition A. Getdot, Asst. vice Frestdent			

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