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

From: Account Name : TRIAD PROFESSIONAL SERVICES, LLC  
Account Number : I20020000094  
Phone : (770)777-2091  
Fax Number : (770)220-1943

2006 SEP 14 AM 8:32  
SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

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## REGISTERED AGENT CHANGE

PALM BEACH CAPITAL FUND I, L.P.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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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. PALM BEACH CAPITAL FUND I, L.P.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 4/8/2003

Date of filing/registration in Florida

3. B03000000127

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:

C T CORPORATION SYSTEM

Name

1200 SOUTH PINE ISLAND ROAD

Address

PLANTATION FL 33324

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.

Shawn L. McGarden  
Signature of General Partner

Shawn L. McGarden

*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.

JENNIFER KELIK  
Signature of Registered Agent

JENNIFER KELIK, Assistant Secretary

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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