

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

; TRIAD PROFESSIONAL SERVICES, LLC Account Name

Account Number : 120020000094 : (770)777-2091 Phone

: (770)220-1943 Fax Number

REGISTERED AGENT CHANGE

PALM BEACH CAPITAL FUND II, L.P.

Certificate of Status	0
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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

		ership submits the follow ont, or both, in the state o		er to	
, PALM BE	ACH CAPITA	L FUND II, L.P			
		or Limited Liability Limite			
2.09/19/2005		3, B 050	3. B05000000406		
Date of filing/registration in Florida		Flo	Florida document number		
4. The name of the rep Department of State:	gistored agent and the reg	istered office address as abo	own on the records of the	10 Florida	
	CT CORPO	RATION SYST	EM	7s	<u>~</u>
	1200 SOUTH	Name I PINE ISLAND	ROAD	ECREI	JUL SEP 14
	THE A NIT ATION	Address	•	AR ASS	J.
•	PLANTATIO	v. State and Zip		¥ 0F	1
5 The name and Flori		ew registered agent aud/or o	office:	وري شي	a.
y, The hand dual (o)	NRAI Services, Inc	-		DAILE	نے
		Name	 _	,	
	2731 Executive Pa	rk Drive, Suite 4			
. '	Florida street add	ress (P.O. Box not acceptab	lc)		
	Weston	FL 33	331		
	Çit	y, State and Zip			
6. Such change(s) is/s	re effective when filed by	the Florida Department of	State.		
<u> </u>	,				
Signature of General P. Shaun L. McG	estner evdee				
I hereby accept the app	mintment as registered a	gent and agree to act in this			
and I am familiar with	an accept the obligations	s to the proper and complet t of my position as registere		ulies,	
NRAI Services, In	<u></u>				
Signature of Registere	Agent Cochast C	ocertuen			
Filing Fee:	k, 26515-taut \$ \$35.00	ar to large			
Certified Copy (o)	ptional): \$52.50				

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