

B05000000547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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*PA Change*

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06 MAY 12 PM 4:00  
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DEPARTMENT OF STATE  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
TALLAHASSEE, FLORIDA

*PA  
5/12/06*



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032  
REFERENCE : 097587 5061121  
AUTHORIZATION : *[Handwritten Signature]*  
COST LIMIT : \$ 38.00

ORDER DATE : May 10, 2006  
ORDER TIME : 11:0 AM  
ORDER NO. : 097587-150  
CUSTOMER NO: 5061121

CHANGE OF AGENT

NAME: ALLIANCE PP2 FX3 LIMITED  
PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Haddan

EXAMINER'S INITIALS: \_\_\_\_\_

**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. ALLIANCE PP2 FX3 LIMITED PARTNERSHIP  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 12/28/2005 Date of filing/registration in Florida  
3. B05000000547 Florida document number

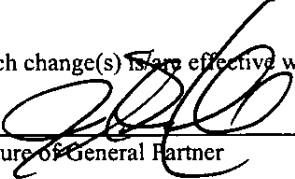
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

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:

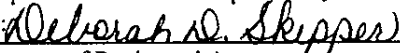
Corporation Service Company  
Name  
1201 Hays Street  
Florida street address (P.O. Box not acceptable)  
Tallahassee FL 32301  
City, State and Zip

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

  
Signature of General Partner

**Judith A. Hall**  
Vice President

*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.*

By:   
Signature of Registered Agent

**Deborah D. Skipper**  
Asst. V. Pres.

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

**FILED**  
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