Division of Corporations Electronic Filing Cover Sheet

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To:

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Phone: (850)205-8842

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE CROCKER PARTNERS IV GP, L.P.

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Electronic Filing Menu

Corporate Filing Menu

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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 provision partnership or limited lia change its registered office	bility limited partnership	submits the	follo	wing stater	nent in order to			
1	Crocker Partners IV GP, L.P.							
Name of	Limited Partnership or Lic	uited Linhility	Limi	ted Partners	hip			
<u> </u>	/2007	3	B0700000081 Florida document number					
Date of filing/regis		Florida document number						
4. The name of the register Department of State:	ed agent and the registered	office address	as sh	town on the	records of the Florida			
	CORPORATION SE	RVICE COM	የለNነ	,				
	Nan	110						
	1201 HAYS	STREET						
	Add	rese						
TALLAHASSEE, F1, 32301-2525								
	City, State	and Zip						
5. The name and Florida st	reet address of the new reg	istered agent a	nd/or	office:	for many			
***		tion System			1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m			
	Nat	me						
Model in control	1200 South Pine Island Road							
	Florida street address (P		-		3			
	Plantation, City, State	F	:[33324				
,	City, State	and Zip			∄ 5			
6. Such change(s) is/aic off Signature of General Parine			ent o	f State.	2.			
I hereby accept the appoint comply with the provisions and I am familiar with ay a familiar with ay a Signature of Registered Agr	ment as registered agent at of all statues relative to the GGES My PHISHINS of the	nd agree to and e proper and c	sompl	cie perform	I further agree to ance of my duties,			
Filing Fee: Certified Copy (optio	\$35.00 nal): \$52.50							