

B93000000390

(Requestor's Name)

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(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032  
REFERENCE : 719720 7505911  
AUTHORIZATION : *D. Wallace*  
COST LIMIT : \$ 35.00

ORDER DATE : November 22, 2005  
ORDER TIME : 2:25 PM  
ORDER NO. : 719720-515  
CUSTOMER NO: 7505911

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CHANGE OF AGENT

NAME: ROVAL PROPERTIES LIMITED  
PARTNERSHIP

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XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Doreen Wallace

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

**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. ROVAL PROPERTIES LIMITED PARTNERSHIP

Name of the limited partnership

2. 09/13/1993

Date of filing/registration in Florida

3. B93000000390

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

1201 Hays Street

Florida street address (P.O. Box **not** acceptable)

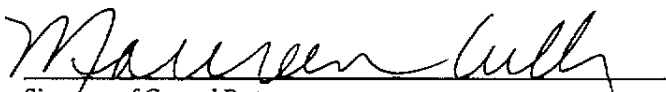
Tallahassee

FL

32301

City, State and Zip

6. Such change(s) was/were authorized by the general partners.



Signature of General Partner

Maureen Cullen, Attorney in Fact\*

\*on behalf of Funding Corp. I,  
General Partner

*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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.*

Corporation Service Company



Signature of Registered Agent

Elizabeth A. Dawson, Asst. Vice President

**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**

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