## Document Number Only B 94 000000068

CT CORPORATION SYSTEM	<u>.</u>			
660 EAST JEFFERSON STREET				
Requestor's Name TALLAHASSEE, FL 32301				
Address 222-	1092	ilige ilige	n de strate d'autori d'autori	112
City State Zip	Phone		1 0210 021 1 0210 110 -03/04/97- 010 110 -03/04/48	
CORPORATION	(S) NAME			_
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() Profit () NonProfit () Limited Liability Co.	() Amendm	ent	() Mergeroal	
() Foreign	() Dissolution	on/Withdrawal	() Mark	_
( ) Limited Partnership ( ) Reinstatement	() Annual Report () Reservation		() Other ( ) Change of R.A ( ) Fictitious	
() Certified Copy	() Photo Co	pies	() CUS	<u></u> .
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Florida Department of State, Jim Smith, Secretary of State

## LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

the undersigned limited partnershi	ions 620.105 and 620.1051, Florida Statutes, ip organized under the laws of the state of
Delaware in order to change its registered o Florida.	, submits the following statement office or registered agent, or both, in the state of
1.The name of the limited partners J.D. Eastrich Propertie	ship is: es No. 1 Limited Partnership
2. The date of filing/registration in	Florida:
3. Document number assigned:	
4. The name and address of the p	oresent registered agent and office:
1201 Hays Street, Tallah	passee, FL 32301
	FLOT 2
(P.O. Box r	Successor registered agent and office.: not Acceptable) CORPORATION SYSTEM
c/o C T Corporation	System, 1200 South Pine Island Road
Pla	antation. Florida 33324
Such change was authorized by t	IGNATURE: Alumba Demand
D	ate: Novumbry 19, 1996
PROCESS FOR THE ABOVE STANATED IN THIS CERTIFICATE, I REGISTERED AGENT AND AGRE TO COMPLY WITH THE PROVISION AND COMPLETE PERFORMANCE.	STERED AGENT AND TO ACCEPT SERVICE OF ATED LIMITED PARTNERSHIP AT. THE PLACE DESIGNEREBY ACCEPT THE APPOINTMENT AS SEE TO ACT IN THIS CAPACITY. I FURTHER AGREE IONS OF ALL STATUTES RELATIVE TO THE PROPER SE OF MY DUTIES, AND I AM FAMILIAR WITH AND MY POSITION AS REGISTERED AGENT.
S	CT CORPORATION SYSTEM  IGNATURE:  ONNIE OFFICE TARY
_	(Type Name and Title of Officer)
	Date: 3/3/97
•	<del></del> -

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 INHSE 4 Filing Fee: \$35.00