

B96000000137

CORPORATE
ACCESS,
INC.

236 East 6th Avenue . Tallahassee, Florida 32303

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DIVISION OF CORPORATIONS

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1.) Amharo-2, L.P.
(CORPORATE NAME & DOCUMENT #)

2.)
(CORPORATE NAME & DOCUMENT #)

3.)
(CORPORATE NAME & DOCUMENT #)

4.)
(CORPORATE NAME & DOCUMENT #)

5.)
(CORPORATE NAME & DOCUMENT #)

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**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. AMHAV-2, L.P., A CALIFORNIA LIMITED PARTNERSHIP
Name of the limited partnership

2. 4/22/96
Date of filing/registration in Florida

3. B96000000137
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:

NATIONSCORP REGISTERED AGENTS, INC.

Name

526 E. PARK AVENUE

Address

TALLAHASSEE, FL 32301

City, State and Zip

5. The name and address of the new registered agent and/or office:

PARACORP INCORPORATED

Name

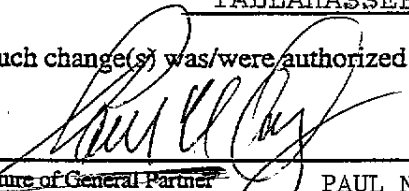
236 EAST 6TH AVENUE

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

TALLAHASSEE, FL 32303

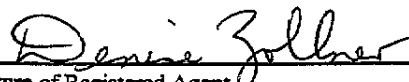
City, State and Zip

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



Signature of General Partner PAUL N. DONNELLY

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.



Signature of Registered Agent
DENISE ZOLLNER, ASSISTANT SECRETARY

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

Filing Fee: \$35.00

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