

B96000000284



ACCOUNT NO. : 072100000032

REFERENCE : 631513 7345780

AUTHORIZATION :

Patricia Pyzdek

COST LIMIT : \$ 35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 SEP -4 PM 2:07

FILED

ORDER DATE : June 20, 2002

ORDER TIME : 2:30 PM

ORDER NO. : 631513-095

CUSTOMER NO: 7345780

800007521238--3

CUSTOMER: Ms. Patricia A. Hunzeker
Amstar Group C/o Otten
Suite 1600
950 17th Street
Denver, CO 80202

CHANGE OF AGENT

NAME: AGLP NO. 2 LIMITED PARTNERSHIP

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Name	PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
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Updater	CONTACT PERSON: Ta-tanisha Adams
Verifier	DCC
Acknowledgement	DCC
W. P. Verifier	DCC

**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. AGLP NO. 2 LIMITED PARTNERSHIP

Name of the limited partnership

2. 07/22/1996

Date of filing/registration in Florida

3. B96000000284

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:

CT Corporation System

Name

1200 South Pine Island Road

Address

Plantation, Florida 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

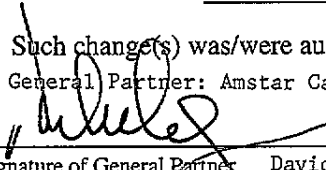
FL

32301

City, State and Zip

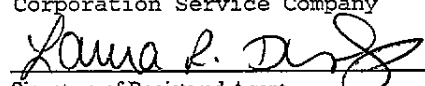
6. Such change(s) was/were authorized by the general partners.

General Partner: Amstar Capital Management Corporation


Signature of General Partner David B. Agnew, 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. 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

**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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