



B96000000285

ACCOUNT NO. : 072100000032

REFERENCE : 631513 7345780

AUTHORIZATION :

Patricia Pizutto

COST LIMIT : \$ 35.00

② 9/4 r/achange

ORDER DATE : June 20, 2002 B96-285

ORDER TIME : 2:19 PM

ORDER NO. : 631513-060

CUSTOMER NO: 7345780

000007521210--0

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

CHANGE OF AGENT

NAME: AGL INVESTMENTS NO. 2 LIMITED  
PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

           CERTIFIED COPY  
XX            PLAIN STAMPED COPY

CONTACT PERSON: Ta-tanisha Adams

RECEIVED  
02 SEP -4 PM 3:52  
FILED  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

**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. AGL INVESTMENTS NO. 2 LIMITED PARTNERSHIP

Name of the limited partnership

2. 07/22/1996

Date of filing/registration in Florida

3. B96000000285

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

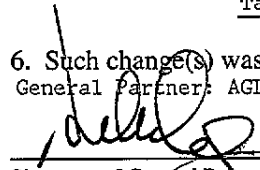
FL

32301

City, State and Zip

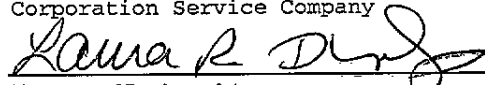
6. Such change(s) was/were authorized by the general partners.

General Partner: AGLP No.2 Limited Partnership, by Amstar Capital Management Corporation, its General Partner

  
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

**Laura R. Dunlap**  
as its 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**

**FILED**  
02 SEP -4 PM 2:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA