B96000000285

ACCOUNT NO. : 072100000032

REFERENCE : 631513 7345780

AUTHORIZATION : Patricia Pyzik

COST LIMIT : $ 35.00 ② 9/4 RE/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

FILED
02 SEP -4 PM 3:52 02 SEP -4 PM 2:06
RECEIVED
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

Laura R. Dunlap
as its agent

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

INHS04(9/98)