

## occusion 7

CORP-LINK services, inc.

118 West Edwards Suite 200 Springfield, Illinois 62704

telephone:

(217) 789-7550

(888) 927-7550

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(217) 789-7570

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corp-links.com

MJH

To:

Date:

From:

Type of Document: Change of Agent

XX File with Secretary of State of

XX Enclosed check in the amount of

Proof of filing needed

Return first class mail to:

Corp-Link Services, Inc. Attn: Stephanie 118 West Edwards Street Springfield, IL 62704

\*\*\*\*IF REJECTED PLEASE CALL

Thank you in advance for your assistance.

## 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 organized under the laws of the state of, submits the	ie	
	following statement in order to change its registered office or registered agent, or both, in the state of	of	
	Florida.		
	1. Great Dane Limited Partnership		
	Name of the limited partnership		
	2. 12/31/1996 3. B97000000007		
	Date of filing/registration in Florida  Document number assigned		
	4. The name and address of the present registered agent and office:		
	CT Corporation System	-1	
	1200 South Pine Island Road	9	
	Plantation, FL 33324	JU	
	5. The name and street address of the successor registered agent and office: (P.O. Box not acceptable)		<u> </u>
	NRAI Services, Inc.	P	
	526 E. Park Avenue	JUN 15 PM 4: 00	
	Tallahassee, FL 32301	30.1	
	Such change was authorized by the general partners.	_	
	Dane Acquisitinon Corp General Partner		
D v	6/2/2001		
Ву	David M. Rubin, Secretary  Date  Date		
	Having been named as registered agent and to accept service of process for the above stated limite partnership at the place designated in this certificate, I hereby accept the appointment as registered agen	d nt	
	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 obligation of m	ie	
	proper and complete performance of my duties, and I am familiar with and accept the obligation of m position as registered agent.	<i>y</i> -	
	Lilbert L. Brotte 2-16-01		
	Department Agent granding		

Filing Fee: \$35.00