
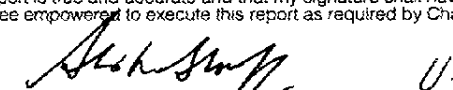


**FILED**  
**Apr 07, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # B97000000402</b>						<b>Apr 07, 2004 08:00 AM</b> <b>Secretary of State</b>	
1. Entity Name <b>SD DADELAND LIMITED PARTNERSHIP</b>							
Principal Place of Business <b>115 W. WASHINGTON ST., SUITE 1450-E INDIANAPOLIS IN 46204</b>				Mailing Address <b>115 W. WASHINGTON ST., SUITE 1450-E INDIANAPOLIS IN 46204</b>			
2. Principal Place of Business  Suite, Apt. #, etc.				3. Mailing Address  Suite, Apt. #, etc.			
City & State				City & State		4. FEI Number <b>35-2023811</b>	
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>							
9. Capital Contributions as Shown on record.		<b>\$128,000,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.		<b>128,000,000.00</b>	
11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION							
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>							
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY			
DOCUMENT #		F97000004143		STREET ADDRESS			
NAME		SD DADELAND DEVELOPERS, INC.		CITY-ST-ZIP			
STREET ADDRESS		115 W. WASHINGTON ST., SUITE 15-E					
CITY-ST-ZIP		INDIANAPOLIS IN 46204					
DOCUMENT #				STREET ADDRESS			
NAME				CITY-ST-ZIP			
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NAME				CITY-ST-ZIP			
STREET ADDRESS							
CITY-ST-ZIP							
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.							
SIGNATURE: 				3/30/04			