

B9800000000060

Florida Department of State
Division of Corporations
Public Access System

Attn: Brenda

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Division of Corporations
Fax Number : (850) 617-6380

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

*- have not rec'd evidence
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE**RAYMOND JAMES EMPLOYEE INVESTMENT FUND I, L.P.**

Certificate of Status	0
Certified Copy	0
Page Count	0/4
Estimated Charge	\$35.00

B98-60

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DATE, TIME	05/13 10:13
FAX NO./NAME	6176380
DURATION	00:00:51
PAGE(S)	03
RESULT	OK
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TIME : 05/13/2008 10:14
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TRANSMISSION VERIFICATION REPORT

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To:
Division of Corporations
Fax Number : (850) 617-6380

From:
Account Name : C T CORPORATION SYSTEM
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Certificate of Status	0
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Page Count	02
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5/5/2008

DATE, TIME FAX NO./NAME DURATION PAGE(S) RESULT MODE	05/05 12:13 6176380 00:00:38 OK STANDARD ECM
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TIME : 05/05/2008 12:14
NAME :
FAX :
TEL :
SER.# : BROK7J716814

TRANSMISSION VERIFICATION REPORT

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. RAYMOND JAMES EMPLOYEE INVESTMENT FUND I, L.P.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 01/23/1998

Date of filing/registration in Florida

3. B98000000060

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

GODBOLD, F S, THE RAYMOND JAMES CENTER

Name

880 CARILLON PARKWAY

Address

ST. PETERSBURG FL 33716

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

CT Corporation System

Name

1200 South Pine Island Road

Florida street address (P.O. Box not acceptable)

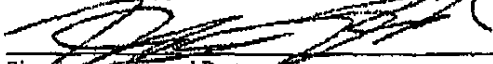
Plantation

FL

33324

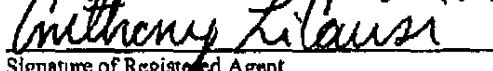
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.


Signature of General Partner

FRANCIS S. GODBOLD

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 an accept the obligations of my position as registered agent.


Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

Anthony C. Causi
Vice President

08 MAY -5 AM 9:02
SECRETARY OF STATE
DIVISION OF CORPORATIONS