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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CT CORPORATION

December 10, 2002

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

Re: Order #: 5730943 SO
Customer Reference 1:
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Lexford Properties, L.P. (OH)
Change of Agent
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jeffrey J Netherton
Sr. Fulfillment Specialist
Jeff_Netherton@cch-lis.com

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

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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 organized under the laws of the state of Ohio, submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Lexford Properties, L.P.
Name of the limited partnership
2. 05/20/1998
Date of filing/registration in Florida
3. B98000000315
Document number assigned


4. The name and address of the present registered agent and office:

Lexis Document Services, Inc.
3953 W.W. Kelley Road
Tallahassee FL 32311

5. The name and street address of the successor registered agent and office: (P.O. Box not acceptable)

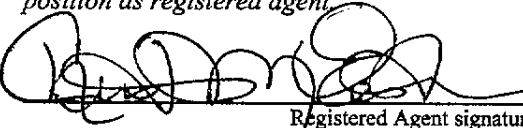
C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida 33324

Such change was authorized by the general partners.

 Paul Foreman
Signature of General Partner

12-3-02
Date

Lexford Properties LLC Attorney in fact
Having been named as registered agent and to accept service of process for the above stated limited partnership at the place designated in this certificate, 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 obligation of my position as registered agent.


Registered Agent signature

Christine M. Eastrine
Assistant Secretary

12/3/02
Date

Filing Fee: \$35.00

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHSE004(3/95)