## New York, NY 10001

Telephone: (212) 356-8340

Internet Address: theresa350@aol.com

Fax: (212) 356-8379

May 17, 2002

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

900005638569---2 -05/30/02--01002--003 \*\*\*1455.00 \*\*\*\*\*\*35.00

RE:

Asbury Jax Management L.L.C. et al

Change of Registered Agent

Dear Sir/Madam:

TAMPA MIT LP B98-397

Enclosed please find Statement of change of Registered Office or Registered Agent or Both for Limited Liability Company, Corporations and Limited Partnerships on behalf of all the entities on the attached list.

Please file the attached and return a filed-stamped copy to the attention of the undersigned at the above address.

If there are any problems, please contact the undersigned immediately at the following toll-free number 888-336-3926.

Thanking you in advance for your prompt attention to this matter.

Sincerely yours,

Theresa Festa

Senior Corporate Specialist

Semor Corporate Specialist

CHECK # 14970 - AMOUNT 1,455.00

Tuesa Testa

EGRETARY OF SATIONS

## LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

| Pursuant to the   | provisions of sections 620.105  | and 620.1051, Flor                            | ida Statutes, the un-  | dersigned limite   | <del>ž</del> d |  |
|---|---|---|--|--|----------------|--|
| partnership organized under the laws of the state of Delaware                   |   |   |  | , submits th   | , submits the  |  |
| following stater  | nent in order to change its regi  | stered office or regi                         | stered agent, or both  | h, in the state of   | of             |  |
| Florida.  |   | _   | •  |  |                |  |
| TAMPA MIT,  | L.P.  |   |  |  |                |  |
|   | Name of t   | he limited partnership                        | غ نه در . رو در <del>در در در</del>                                      |  |                |  |
| 2. 6/17/1998  | 3   | B98000000397                                  |  |  |                |  |
| Date of fi  | ling/registration in Florida  | · · · · · · · · · · · · · · · · · · ·         | Document number assig  | ned  |                |  |
| 4. The name and   | d address of the present registered   | agent and office:                             |  | 0 3  | 3              |  |
|   | CT CORPORATION SYSTEM   | И   |  | 02 MAY 29  | SECS.          |  |
|   | 1200 South Pine Island Road   | 1   |  | 72   | 97             |  |
|   | Plantation, FL 33324  |   |  |  |                |  |
| 5. The name and   | I street address of the successor re  | egistered agent and o                         | ffice: (P.O. Box not   | acceptable)  | ORPORAT        |  |
|   | NRAI Services, Inc.   |   |  | 8: 29  | AT OF          |  |
|   | 526 E. Park Avenue  |   |  | _  | Ç.             |  |
|   | Tallahassee, FL 32301   |   |  |  |                |  |
| Asbury Tam  | authorized by the general partner  Management L.L.C.  Signature of General Partner  | ····· · <u></u>                               | 5/17/2<br>Date   | te   | •              |  |
| parinership at the<br>and agree to act<br>proper and comp<br>position as regist | med as registered agent and to e place designated in this certificin this capacity. I further agree plete performance of my duties, ered agent.  istered Agents, Inc. | cate, I hereby accept<br>to comply with the p | t the appointment as<br>rovisions of all statut<br>vith and accept the o | registered agen<br>tes relative to the<br>obligation of my | t e            |  |
| POLLA   | Registered Agent signature  | <u> </u>                                      | 5-22-0   | 7  | -              |  |
|   | reprinted Agent signature   |   | Dat  | Δ.   |                |  |

Filing Fee: \$35.00

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