



CAPITOL CORPORATE SERVICES, INC.

B98 000000 534

February 16, 2001

FLORIDA SECRETARY OF STATE
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Attn: Corporate Filing Dept.

Re: BRIDGESIDE PLACE, LTD.

300003746963--9
-02/22/01--01034--001
*****35.00 *****35.00

Dear Filing Officer:

Enclosed please find a Statement of Change of Registered Office/Agent for the above referenced name, which is to be filed in your office. I have enclosed check #7917 in the amount of \$35.00 for the filing fee. After filing please return to me the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please contact me at 800-345-4647, ext. 152.

Thank you,

Donna Sandlin

Donna Sandlin

Enclosures

FILED
01 FEB 22 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B98-534
Q

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

1. BRIDGESIDE PLACE, LTD.
Name of the limited partnership
2. 08-28-98 3. B98000000536
Date of filing/registration in Florida Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: NRAI Services, Inc.
Name
526 E. Park Avenue
Address
Tallahassee, FL 32301
City, State and Zip

5. The name and address of the new registered agent and/or office:
Capitol Corporate Services, Inc.
Name
1333 North Duval St.
Florida street address (P.O. Box not acceptable)
Tallahassee FL 32303
City, State and Zip

6. Such change(s) was/were authorized by the general partners.


Signature of General Partner

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 obligations of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.


Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00

FILED
01 FEB 22 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FL 32304