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(Requestor's Name)

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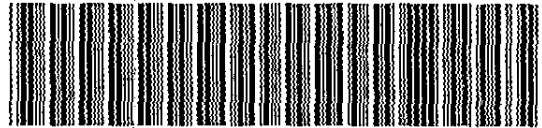
(Business Entity Name)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN AUG 20 2004

FIELDSTONE LESTER SHEAR & DENBERG, LLP
ATTORNEYS & COUNSELLORS AT LAW

RONALD FIELDSTONE, P.A.
PAUL A. LESTER, P.A.
DAVID SHEAR, P.A.
MICHAEL B. DENBERG, P.A.

KENNETH R. DREYFUSS
ANA V. DE VILLIERS
STEVEN A. GOLD
REBECCA L. ABRAMS

SUNTRUST PLAZA, SUITE 601
201 ALHAMBRA CIRCLE
CORAL GABLES, FLORIDA 33134
TELEPHONE 305.357.1001
FACSIMILE 305.357.1002

OF COUNSEL:

ROBERT E. DADY, P.A.
ALSO MEMBER N. Y. BAR

LEE J. OSIASON, P.A.

MICHAEL J. ROSENBAUM, P.A.

August 18, 2004

Florida Department of State
Division of Corporations
Registration Section
409 E. Gaines Street
Tallahassee, FL 32399

Gentlemen:

Enclosed you will find Statements of Registered Agent for filing together with a check in the sum \$760.00, representing the filing fees.

If you have any questions, please feel free to contact our office.

Sincerely,


Ronald R. Fieldstone

RRF:cs

Encls.

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

1. BRAY & GILLESPIE DELAWARE III, L.P.

Name of the limited partnership

2. 1/21/99

Date of filing/registration in Florida

3. B990000000033

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:

THOMAS M. CLAYTON, ESQ.

Name

600 NORTH ATLANTIC AVENUE

Address

DAYTONA BEACH, FL 32118

City, State and Zip

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

CHARLES A. BRAY

Name

600 NORTH ATLANTIC AVENUE

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

DAYTONA BEACH FL 32118

City, State and Zip

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

Bray & Gillespie Delaware III, Inc., General Partner

Charles A. Bray
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.

Charles A. Bray
Signature of Registered Agent

**Make checks payable to Florida Department of State and mail to:
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00**

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