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(Requestor's Name)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
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32403

CT CORPORATION

March 26, 2003

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

Re: Order #: 5805668 SO

Customer Reference 1: Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

R.E.A.L. Partners Real Estate Brokerage, LLC (FL)
Change of Agent

Change of Ag 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,

Katrina Forsman
Fulfillment Specialist
Katrina_Forsman@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615 MER 26 PM I: 3

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR **BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is:	R.E.A.L. PARTNERS REAL ESTATE BROKERAGE LLC
2. The mailing address of the limited liability co	ompany is: 350 South County Road, Suite 201
Palm Beach, Florida 33480	
07/30/2001	L01000012633
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the regist Florida Department of State:	stered office address as shown on the records of the
Russell D. Lasure	
	Name
11834 Donlin Drive	
	Address
Wellington, Florida 3341-	4
City, State and Zip 6. The name and address of the new registered agent and/or office:	
6. The name and address of the new registered agent and/or office:	
C T Corporation System	
Name	
1200 South Pine Island Road	
Florida street addres	is (P.O. Box NOT acceptable)
Plantation	FL 33324
City, S	State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member) Genius Wells, Manager/Member

(Printed or typed name of signee)

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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. C T Corporation System

(Signature of Registere d Agent)

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

FILING FEE: \$25.00

INHS18(10/99)