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PAVESE, HAVERFIELD, DALTON, HARRISON & JENSEN, L.L.P.
A FLORIDA LIMITED LIABILITY PARTNERSHIP

ATTORNEYS AND COUNSELORS AT LAW
<http://paveselaw.com>

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MARY VLASAK SNELL
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e-mail: maryvlasaksnell@paveselaw.com

PLEASE REPLY TO
FORT MYERS OFFICE

November 12, 2003

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

**Re: *Change of Registered Agent
Flea Market of Ortiz Avenue Limited Partnership
James Lewis Collins Enterprises***

Gentlemen:

Enclosed you will find the transmittal letters along with the appropriate change of registered agent forms relating to the above referenced matters. Also enclosed is our check in the amount of \$70 representing the required filing fee.

Thank you for your assistance in these regards.

Very truly yours,



MARY VLASAK SNELL

MVS:las
Enc.
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4635 S. DEL PRADO BLVD.
P.O. BOX 88
CAPE CORAL FLORIDA
33910-0088
(239) 542-3148
FAX (239) 542-8953

461 S. MAIN STREET
P.O. DRAWER 2280
LABELLE, FLORIDA
33935
(863) 675-5800
FAX (863) 675-4898

SUITE 203
4524 GUN CLUB ROAD
WEST PALM BEACH, FLORIDA
33415
(561) 471-1366
FAX (561) 471-0522

SUITE 308
18501 MURDOCK CIRCLE
PORT CHARLOTTE, FLORIDA
33952
(941) 255-3095
FAX (941) 255-5905

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: James Lewis Collins Enterprises, Inc.

(Name of corporation)

DOCUMENT NUMBER: P00000109398

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Vlasak Snell, Esq.

(Name of person)

The Pavese Law Firm

(Name of firm/company)

P.O. Drawer 1507

(Address)

Fort Myers, FL 33902

(City/state and zip code)

For further information concerning this matter, please call:

Mary Vlasak Snell, Esq. at (239) 336-6255

(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: James Lewis Collins Enterprises, Inc.

2. The principal office address: 1501 Ortiz Avenue
Fort Myers, FL 33905

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/27/00 Document number: P000000109398

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

James L. Collins
4250 Perth Court
Fort Myers, FL 33903

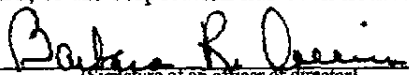
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Barbara R. Collins
4250 Perth Court
Fort Myers, FL 33903
(P.O. Box or personal mailbox NOT acceptable)

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TALLAHASSEE, FLORIDA

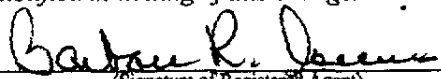
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer of director)

Barbara R. Collins
(Printed or typed name and title)

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)
Barbara R. Collins

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314