

Division of Corporations

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A 31468

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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To: Division of Corporations
Fax Number : (850)922-4000

From: Account Name : NATIONAL CORPORATE RESEARCH, LTD.
Account Number : I20000000088
Phone : (800)221-0102
Fax Number : (212)564-6083

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00 NOV 22 AM 11:42
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

REGISTERED AGENT CHANGE

ACADIA PARTNERS, L.P. (A LIMITED PARTNERSHIP)

Handwritten notes: A 31468, 11/22

Table with 2 columns: Description and Value. Rows include Certificate of Status (0), Certified Copy (1), Page Count (01), and Estimated Charge (\$87.50).

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**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 organized under the laws of the state of Delaware, submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Acadia Partners, L.P.  
Name of the limited partnership

2. April 24, 1991 3. A31468  
Date of filing/registration in Florida Document number assigned

4. The name and address of the present registered agent and office:

William D. Palmer  
c/o Carlton, Fields, Ward, Et Al  
First State Tower  
Orlando, FL 32802

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TALLAHASSEE FLORIDA

5. The name and street address of the successor registered agent and office: (P.O. Box not acceptable)

National Corporate Research, Ltd., Inc.  
1406 Hays Street, Suite #2  
Tallahassee, FL 32301

Such change was authorized by the general partners.

By: Acadia FW Partners, L.P., its general partner, By: Acadia MGP, Inc., its managing general partner

[Signature] 11/21/00  
Signature of General Partner Date  
Steven B. Gruber, Vice President

*Having been named as registered agent and to accept service of process for the above stated limited partnership at the place designated in this certificate, 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.*

[Signature] 11/22/00  
Registered Agent signature Date

Filing Fee: \$35.00

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