L02000035140

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TALLAHASSEE, FLORIDA

J. BRYAN JUL 23 2004

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Capco Asset Management, LLC
(Name of corporation)

DOCUMENT NUMBER: L02000035140

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TALLAHASSEE, FLORIDA

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:

William Harrell, Jr
(Name of contact person)

Capco Asset Management LLC
(Firm/Company)

3215 W Knights Ave
(Address)

Tampa FL 33611
(City/state and zip code)

For further information concerning this matter, please call:

William Harrell, Jr at (813) 805-0777
(Name of contact 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

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

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TALLAHASSEE, FLORIDA

July 23, 2004

WILLIAM HARRELL, JR.
CAPCO ASSET MANAGEMENT LLC
3215 W KNIGHTS AVE
TAMPA, FL 33611

SUBJECT: CAPCO ASSET MANAGEMENT, LLC
Ref. Number: L02000035140

We have received your document for CAPCO ASSET MANAGEMENT, LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 904A00046698

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: CAPCO ASSET MANAGEMENT, LLC

2. The mailing address of the limited liability company is : 3215 W. KNIGHTS AVE
TAMPA FL 33611

12/30/02 — 3. Date of filing/registration in Florida

L02000035140 — 4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

William Harrell, Jr
Name
2130 SW 72nd Terrace
Address
Gainesville FL 32607
City, State and Zip

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TALLAHASSEE, FLORIDA

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

William Harrell Jr
Name
3215 W. KNIGHTS AVE
Florida street address (P.O. Box **NOT** acceptable)
TAMPA FL 33611
City, 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)

William Harrell Jr 8/2/04
(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.

8/2/04
(Signature of Registered Agent)

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

INHS18(10/99)

FILING FEE: $25.00

Check sent previously