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DATE: 6/02/03

NAME(S): • FL MS/HIIP GP, L.C.

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REQUEST FOR : • FLORIDA

TYPE OF FILING: • STATEMENT OF CHANGE OF REGISTERED AGENT

PLEASE FILE IMMEDIATELY UPON RECEIPT

IF THERE ARE ANY PROBLEMS, PLEASE HOLD THE FILING(S) AND CALL US FOR INSTRUCTIONS

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PLEASE FILE THE ATTACHED AGENT CHANGE FORM AND RETURN A FILED COPY TO ME IN THE ENCLOSED ENVELOPE. A CHECK IS ENCLOSED FOR THE FILING FEES. PLEASE CALL ME AT 800-447-6237 IF YOU HAVE ANY QUESTIONS OR COMMENTS. THANK YOU!

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AUTHORIZED REQUESTOR:

Christy McCullough

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: FL MS/HIIP GP, L.C.

2. The mailing address of the limited liability company is :

16133 Ventura Blvd., Suite 1400, Encino, CA 91436

July 16, 1997 — 3. Date of filing/registration in Florida

L97000000771 — 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:

James K. Griffin, Jr.
Name

1401 E. Broward Blvd., Suite 302
Address

Ft. Lauderdale, FL 33301
City, State and Zip

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

NRAI Services, Inc.
Name

526 E. Park Avenue
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FL 32301
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)

Tracy T. Carver
(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.

(Signature of Registered Agent)

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

INHS18(10/99)

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