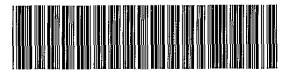
## 

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113219

COST LIMIT :

\$ 25.00

ORDER DATE: May 30, 2003

ORDER TIME : 2:48 PM

ORDER NO. : 113219-395

CUSTOMER NO: 7340754

CUSTOMER: Ms. Antoniette Ricci John Hancock Financial John Hancock Place

Post Office Box 111 Boston, MA 02117

CHANGE OF AGENT

NAME:

GREAT EASTERN TIMBER COMPANY

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

## 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 limi	ted liability company	is: GREAT EAST	TERN TIMBER CO	MPANY LLC	<b></b>	
2. The mailing address	of the limited liability	company is:				
99 High Street, 26t	h Floor, Boston, 1	MA 02110				
January 31, 2000			M00000000187			
3. Date of filing/registration in Florida 4. Document num				nber		
5. The name of the regis Florida Department o		gistered office a	ddress as shown o	on the records o	of the	
	C T.Co	orporation Sys	stem	- · <del>-</del> -		
		Name				
	1200 Sou	th Pine Islan	d Road	more de la companya d	بآير	
		Address		Ę	<u></u>	
		tation, FL 333 ty, State and Zip		4.	<u></u>	
		•		€0- 111-	10	-11
6. The name and address	s of the new registered	l agent and/or of	fice:	A-VA-SEE FLOAIDA	PH 4:2	J
	Corporati	ion Service Co	ompany		-{;	
		Name		Bin.	~	
		L Hays Street	· · · · · · · · · · · · · · · · · · ·	•		
	Florida street addr	ress (P.O. Box N	OT acceptable)			
	Tallahassee	FL	32301			
	City	, State and Zip				
If the limited liability co confirmed that after the and the business office of liability company, it is he the members of the limit the operating agreement (Signature of a member or author)	change or changes are of the registered agent ereby confirmed that the diability company of the limited liability	made, the Floric will be identical the change(s) was or as otherwise processor company.	da street address  Or, in the case s/were authorize	of the registered of a Florida lim d by an affirmat	d offication tive vo	ote of
Maureen Cullen, Att (Printed or typed name of signe						
I hereby accept the app comply with the provision and I am familiar with a Chapter 608, F.S. Or, if address, I hereby confir (Signature of Registered Agent)	(julie	les, Asst. Vic	ce President		r agre ny duti ed for ed offic chang	e to ies, in ce ze.
V	~	•	•	<i>, 943</i> 14		
INHS18(10/99)	FIL	.ING FEE: \$25.	UU			

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