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CT CORPORATION SYSTEM

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Division of Corporations

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Florida Department of State
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From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
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REGISTERED AGENT CHANGE

CMCP-PINECASTLE, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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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.

2006 JAN 13 A 11:4

1. The name of the limited liability company is: CMCP-Pinecastle, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

8401 N. Central Expressway, Suite 600, Dallas TX 75225

03/20/2002

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3. Date of filing/registration in Florida:

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:

Capitol Corporate Services, Inc.

Name

1333 North Duval St.

Address

Tallahassee FL 32303

City, State and Zip

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

CT Corporation System

Name

1200 South Pine Island Road

Florida street address (P.O. Box NOT acceptable)

Flagstaff

FL

89324

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.

By: [Signature]
(Signature of a member or authorized representative of a member)

Mary J. Schulte

(Printed or typed name of officer)

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 relating 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] Special Agent Secretary
(Signature of Registered Agent)

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

FILING FEE: \$25.00

INHS18 (3/05)