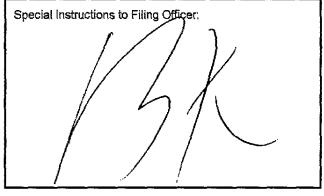
M0 3000000 224

	(Requestor's Name)
<u>.</u> .	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
<u> </u>	



Office Use Only



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6 MAR 29 PH 2

RECEIVED

06 MAR 29 M II: 12

DIVISION OF CURPORATION



ACCOUNT NO. : 072100000032

REFERENCE :

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: March 27, 2006

ORDER TIME : 9:47 AM

ORDER NO. : 943308-040

CUSTOMER NO: 5161288

CHANGE OF AGENT

NAME: LIT HOLDINGS GP, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman

EXAMINER'S INITIALS:

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	l liability company is:	LIT HOLDING	S GP, LLC		<u></u>
2. The mailing address of	the limited liability co	ompany is:			*
3141 Hoods Street, suite 700, D	Dallas, TX 75219		·	<u> </u>	
01/07/2003			M03000000224		
3. Date of filing/registration	on in Florida	$\frac{1}{4}$	Document numb	er	
5. The name of the register Florida Department of S		stered office ad	dress as shown on	the records of the	;
	CTC	orporation System			
-		Name		3	
	1200 So	uth Pine Island Ro	ad	4.0 8	
-		Address			-11 -
	Plan	tation, FL 33324		是多	-
-		, State and Zip		超 29	Provide
6. The name and address o	f the new registered a	gent and/or off	ice:	2006 MAR 29 PM 2: 39 TALLAHASSEE, FLORID TALLAHASSEE, FLORID	EIL EID
	Corporation	on Service Compa	ny	75)
-		Name	•)
		I Hays Street		and the second	
_	Florida street addres	s (P.O. Box NO	OT acceptable)	- · ·	
_	Tallahassee	FL	32301		
	City, S	State and Zip			
If the limited liability componing confirmed that after the chand the business office of the liability company, it is here of the members of the limit or the operating agreement (Signature of a member or authorized)	ange or changes are not the registered agent when the registered agent when the confirmed that the ited liability company to the limited liability.	nade, the Florid vill be identical. e change(s) was y or as otherwis ty company.	la street address of Or, in the case of s/were authorized	f the registered off f a Florida limited by an affirmative	vote
/ Maureen Cullen, Attorney in Fa	aat				
(Printed or typed name of signee)	ICE				
I hereby accept the appoir comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm to	ntment as registered a of all statutes relative accept the obligation is document is being that the limited liabili	agent and agree be to the proper ns of my positio filed to merely ity company ha	e to act in this cape and complete per n as registered ag reflect a change i s been notified in v	acity. I further ag formance of my di ent as provided fo n the registered of writing of this char	ree to ities, r in fice nge.
(Signature of Registered Agent)	na Dunaidant				
Elizabeth A. Dawson, Asst. Vic Division	ce President of Corporations, P.	.O. Box 6327,	Fallahassee, FL	32314	

FILING FEE: \$25.00