

M99 00000 1900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

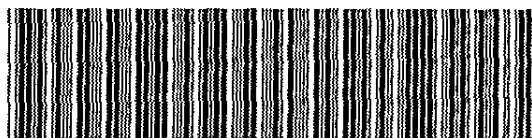
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Special Instructions to Filing Officer:

M99-1900

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL 28 PM 2:14

PARANET CORPORATION SERVICES, INC.

3761 Venture Drive Suite 260
Duluth, Georgia 30096
800-277-9977 / Fax 800-815-0477

July 26, 2004

FILING TRANSMITTAL LETTER

Secretary of State
Amendment Section
409 E. Gaines Street
Tallahassee, FL 32399

Phone: 850-488-9000

RE: Johnson Southeast, L.L.C.

Dear Filing Officer:

Please find the enclosed:

1. Two (2) copies of change of Registered Agent/Office for the above entity;
2. Our check **in the amount of 25.00** to cover the filing fee; and
3. Self-addressed envelope for return of evidence.

If you have any questions, or require anything further, please contact me toll free at 1-800-277-9977. Thank you for your assistance.

Very truly yours,

Mikel Hutchings

Paranet Job No. 04-07-0183-mh

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DIVISION OF CORPORATIONS
04 JUL 28 PM 2:14

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: Johnson Southeast, L.L.C.

2. The mailing address of the limited liability company is : 2900 Cole Court, Norcross, GA 30071

12/03/99 M9900001900

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:

C T Corporation System
Name
1200 South Pine Island Road
Address
Plantation, FL 33324
City, State and Zip

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)

John Picone/Treasurer
(Printed or typed name of signer)

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.

Stephanie Thomas, Special Asst. Secy.
(Signature of Registered Agent)

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

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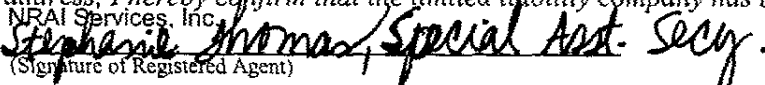
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(Signature of a member or authorized representative of a member)

John Picone/Treasurer
(Printed or typed name of signee)

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NRAI Services, Inc.

(Signature of Registered Agent)

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

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