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March 9, 2004

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

Re: Change of Registered Agent

To Whom It May Concern:

Enclosed for filing please find Change of Registered Agent forms for the following entities:

CCC N.R., L.L.C. BK IV AS, L.L.C. CCC O.P., L.L.C. Blue Hen, LC

Filing fees of \$25.00 for each is enclosed. Thank you.

Very truly yours,

Jean O'Brien Legal Assistant

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 limite		A <u>S</u> , L.L.C.		_		
2. The mailing address of 120 Presider	f the limited liability com		oburn, MA	01801		
June 18,200	3	=	L03000	122190		_
3. Date of filing/registrat		4. D	ocument numb	er		_
5. The name of the registe Florida Department of		red office addre	ss as shown on	the records of	the	
:	1833 Hendry	Street		======================================	~	
ä	Fort Myer	ddress Sir Torio ate and Zip	a 33901	fg.		
6. The name and address	of the new registered ager	nt and/or office:				
•	National Corporat	e Research, L	td., Inc.	≟स •	O4 MAR	SECRE
	103 N. Me	eri <u>dia</u> n Street			2	
·	Florida street address (1	P.O. Box NOT	acceptable)			Y OF
:	Tallahassee	FL_	32301	æ	PH 3:	357
		te and Zip			2	
If the limited liability com- confirmed that after the cl- and the business office of liability company, it is her the members of the limite the operating agreement of	hange or changes are mad the registered agent will lead the confirmed that the chart t	e, the Florida st be identical. On nangē(s) was/we otherwise provi	reet address of r, in the case of ere authorized b	the registered of a Florida limit ov an affirmativ	office ed ve vote (of
(Signature of a member or autori	Tentresentative of a member)		- '	· 48		
(Printed or typed name of signee) I hereby accept the appoil comply with the provision and I am familiar with an Chapter 608, F.S. Or, if taddress, I hereby confirm	y III authorized Newbords	Signator Bides Lu and agree to the proper and my position as	h Hember/Ma act in this capa I complete perfo s registered age	MAYET city. I further ormance of my ent as provided	agree to duties, l for in	2
	his document is being file that the limited liability of the liability	ta to merely refl company has be	ect a change in en notified in w	ine registered riting of this c	ojjice hänge.	
Divisio	n of Corporations, P.O.	Box $\frac{-}{63}$ 27, Tall	lahassee, FL 3	2314		

FILING FEE: \$25.00

INHS18(10/99)