

From:

Division of Corporations

09/15/2005 12:33:00 #0017002

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0380

From:

Account Name : NATIONAL CORPORATE RESEARCH, LTD.
Account Number : I20000000088
Phone : (800)221-0102
Fax Number : (712)564-6083

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TO SIGN OF CHIEF OF BUREAU

REGISTERED AGENT CHANGE

AL-LH DB, L.P.

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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From:

09/15/2005 12:53 #009 P.002/002

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**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. AL-LH DB, L.P.
Name of the limited partnership

2. 5/22/03
Date of filing/registration in Florida

3. B03000000177
Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

LexisNexis Document Solutions Inc.
Name
1201 Hays Street
Address
Tallahassee, FL 32301
City, State and Zip

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

National Corporate Research, Ltd., Inc.
Name
515 East Park Avenue
Florida street address (P.O. Box not acceptable)
Tallahassee FL 32301
City, State and Zip

6. Such change(s) was/were authorized by the general partner.

[Signature]
Signature of General Partner
By: AL-LH Sub, L.L.C., its General Partner
By: AL-LH Mux, L.L.C., its Sole Member
By: AL-LH Funding, Inc., its Sole Member

Print Signer's Name & Title and/or Capacity

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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.

[Signature]
Signature of Registered Agent

Susan Busciana, Asst. Secretary
Print Signer's Name & Title and/or Capacity

Make checks payable to Florida Department of State and mail to:
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00

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