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REGISTERED AGENT CHANGE

CYPRESS LEGENDS FUNDING COMPANY, INC.

Certificate of Status	0
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R.A. Chang

C. Coulliette MAY 06 2005

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Cypress Legends Funding Company, Inc.

2. The principal office address: 445 Broad Hollow Road, Suite 239, Melville, NY 11747

3. The mailing address (if different):

4. Date of incorporation/qualification: 01/30/2004 Document number: F04000005681

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5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Lexisnexis Document Solutions, Inc.
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Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System
c/o C T Corporation System
(P.O. Box or personal mailbox NOT acceptable)
1200 South Pine Island Road, Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Florence Meruvron, Vice President
(Signature of an officer, chairman or vice chairman of the board) (Printed or typed name and title)

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 obligation 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 corporation has been notified in writing of this change.

C T Corporation System
By: Michael J. Smith 5-5-05
(Signature of Registered Agent) (Date)

If signing on behalf of an entity: Michael J. Smith Assistant Secretary
(Typed or Printed Name) (Capacity)

*** * * FILING FEE: $35.00 * * ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314