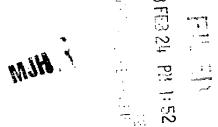
## L00000002742

CT Corporation
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## **CT** CORPORATION

February 24, 2003

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399

Re: Order #: 5746044 SO Customer Reference 1:

Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Cove Investments, LLC (FL) Change of Agent Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jeffrey J Netherton Sr. Fulfillment Specialist Jeff\_Netherton@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

## 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 compar	ny is: Cove Investments, LLC	
2. The mailing address of the limited liabili	ty company is : Two North Riverside Plaza, Suite 400	
Chicago, IL 60606		
03/07/2000	L00000002742	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the Florida Department of State:	registered office address as shown on the records of the	
Loxis Document Se	rvices Inc.	
	Name	
3953 W.W. Kelley I	Road	
-	Address  II	
Tallahassee FL 323		
	City, State and Zip	
C CCC		
0	<u></u>	
C T Corporation Sys	tem	
	Name 5	
CT Corporation System  Name  1200 South Pine Island Road		
Florida street address (P.O. Box NOT acceptable)		
Plantation	FL 33324	
City, State and Zip		
confirmed that after the change or changes a and the business office of the registered age liability company, it is hereby confirmed that		
comply with the provisions of all statutes reand I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is be address, I pereby confirm that the limited lie	ed agent and agree to act in this capacity. I further agree to lative to the proper and complete performance of my duties, ations of my position as registered agent as provided for in eing filed to merely reflect a change in the registered office ability company has been notified in writing of this change.	
Corporaton System  (SynAmer of Resigner d Agent)	The state of the s	

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

ENHS18(10/99) FILING FEE: \$25.00