L00000012073

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
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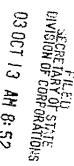
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GRIMSLEY MARKER & ISELEY, P.A.

. 50 NORTH LAURA STREET, SUITE 2150 JACKSONVILLE, FLORIDA 32202 (904) 354-9900 - TELECOPIER (904) 354-9994 E-MAIL ADDRESS - nmulea@ilnk.com

NANCY M. MULEA PROBATE LEGAL ASSISTANT DIRECT LINE (904) 354-9672

October 6, 2003

Florida Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

RE: Adagio, LLC

Document # L00000012073

Dear Ladies/Gentlemen:

Enclosed are the following documents to obtain the reinstatement of Adagio, LLC:

- 1. Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company and
- Limited Liability Company Reinstatement.

Also enclosed is our check in the amount of \$230, representing the Reinstatement Fee of \$100, Change of Registered Agent Fee of \$25, Annual Fee of \$100 and the fee to obtain a Status Report of \$5.

Please send the Status Report to the Registered Agent, at the address shown on the reinstatement form.

DIVISION OF CORPORATION

Florida Department of State October 6, 2003 Page Two

Please call me at 1-888-286-1313 (Toll Free) if you have any questions or need additional information.

Very truly yours,

Mancy M. Mulea

Nancy M. Mulea

Probate Legal Assistant

Enclosures

CIVISION OF CURPORATIONS

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	d liability company is:	ADAGIO,	LLC	
2. The mailing address of				Drive
St. Augustine, Florida		-		
10/04/00	¥.***	er e e	L00000012073	£
3. Date of filing/registrati	ion în Florida	* * *	4. Document number	r
5. The name of the registe Florida Department of) 	address as shown on t	he records of the
	170 Malaga Street,	Name Suite A		* * * * * * * * * * * * * * * * * * *
	St. Augustine, Flori	Address da 32084 State and Zi	p	to a second
6. The name and address of	of the new registered ag	gent and/or o	office:	=
	Randall L. Marker			NVISION O
	50 North Laura Stre	Name et, Suite 2	150	OKE FILE
	Florida street address	(P.O. Box	NOT acceptable)	A ROPE
	Jacksonville	FL 3220	2	8: AE
	City, S	tate and Zip	, , , , , , , , ,	55 OF 10 TO
If the limited liability com confirmed that after the chand the business office of liability company, it is her the members of the limited the operating agreement of the limited that the operating agreement of sufficient of a member of authority agreement of a member of authority agreement of a member of authority agreement of authority agreement of authority agreement of a member of a	nange or changes are methe registered agent with the confirmed that the diability company or a fithe limited liability confirmed that the limited liability confirmed the liability confirmed	ade, the Flor II be identicated change(s) was otherwise empany.	rida street address of the case of all. Or, in the case of a sas/were authorized by	he registered office a Florida limited y an affirmative vote of
Susan J. Garner and	Timothy W. Davis,	, as Perso	nal Representati	ves of the estate o
(Printed or typed name of signee)	Robert A. McCorma	ack, decea	sed, Managing Me	mbers
I hereby accept the appoi comply with the provision and I am familiar with and Chapter 608, F.S. Or, if the address, phereby confirm	ntment as registered as s of all statutes relative if accept the obligation his document is being function the limited liability	gent and agr to the prop s of my posit lied to mere y company h	ee to act in this capace er and complete perfo ion as registered agen ly reflect a change in as been notified in wi	ity. I further agree to rmance of my duties, at as provided for in the registered office iting of this change.
(Signature of Registered Ageni)	Mucho		<i>\tau</i>	

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

INHS18(10/99)

FILING FEE: \$25.00