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Diana I Jenkins DLJ Associates, LLC 4010 Winderlakes Dr. Orlando, FL 32835 Bus: 407 445-2303

Cell: 407 963-6402

Division of Corporations Registration Section 409 E. Gaines Ave. Tallahassee, FL 32399

Re: Change of registered Agent

Reinstatement of LLC

To Whom It May Concern:

Please find enclosed two documents to be filed on behalf of DLJ Associates, LLC;

- 1. Change of Registered Agent
- 2. LLC Reinstatement for DLJ Associates, LLC

I moved in December 2003 and never received my Annual Reports for 2003 or 2004.

Thanking you in advance for your cooperation. If there are any questions I can be reached at the numbers above.

Sincerely;

Diana L Jenkins, MGRM

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisio liability company submit agent, or both, in the Stat	ns of sections 6 s the following s e of Florida.	508.416 or 608.508, Florida Statutes, statement in order to change its regist	the undersigned limited ered office or registered		
1. The name of the limite	d liability comp	any is: DLJ Associates, LLC			
		fility company is : 4010 Winderlakes	Dr.		
Orlando, Fl 32835					
12/13/2001		L01000021573	L01000021573		
3. Date of filing/registration in Florida		4. Document numb	4. Document number		
5. The name of the register Florida Department of	State:	ne registered office address as shown or	i the records of the		
	Business Filia	ngs Incorporated			
Name 660 East Jefferson Street					
	Address Talahassee, FL 32301-0000 City, State and Zip e and address of the new registered agent and/or office:				
		City, State and Zip	AAY GAE		
6. The name and address	of the new regist	tered agent and/or office:	12 FAR		
	Charles Giannetto, Esq.				
	7380 Sand La	PH 4: 04			
	Florida street	40 Skig			
	Orlando	_{FL} 32819			
		City, State and Zip			
confirmed that after the cl and the business office of liability company, it is he	hange or changes the registered ag reby confirmed to d liability composite of the limited liab	25	f the registered office f a Florida limited by an affirmative vote of		
(Printed or typed name of signee)					
Chil-	ntment as regist is of all statutes i d accept the obli his document is that the limited	tered agent and agree to act in this cape relative to the proper and complete per igations of my position as registered as being filed to merely reflect a change is liability company has been notified in	acity. I further agree to formance of my duties, tent as provided for in n the registered office writing of this change.		
(Signature of Registered Agent)					

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

INHS18(10/99) FILING FEE: \$25.00