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SECRETARY OF SIGNED

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\$12-02

## HOLLAND & KNIGHT LLC

500 West Madison Street 40th Floor Chicago, Illinois 60661-2511

312-715-5700 FAX 312-993-9350 www.hklaw.com

November 5, 2002

SUSAN PISCITELLI 312-715-5792 susan.piscitelli@hklaw.com

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

te: Statement of Change of Registered Office or Registered Agent MCZ/Mackinaw I, L.L.C.

Dear Sir or Madam:

Enclosed for filing is a Statement of Change of Registered Office or Registered Agent for MCZ/Mackinaw I, L.L.C. Also enclosed is a check in the amount of \$25.00 in payment of the filing fee. Please send evidence of the filing to my attention at 500 W. Madison Street, 40th Fl., Chicago, IL 60661.

If you have any questions, please do not hesitate to contact me.

Very truly yours,

HOLLAND & KNIGHT LLC

Susan Piscitelli, Paralegal

lucan Halil

SP/sp

Enclosures

cc: James G. Haft

CHO1 #1252385 v1

HOLLAND & KNIGHT LLP / Office Locations

FILED

## 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	l liability company is	: MCZ/Mack	inaw I, L.L.C.		•
2. The mailing address of	the limited liability o	company is:	c/o James G. H	aft,	•
500 W. Madison Stre	et, 40th Floor,	Chicago, I	L 60661-2511		 
12/20/01			L01000022289		
3. Date of filing/registration	on in Florida		4. Document nur	nber	
5. The name of the register Florida Department of S	ed agent and the regi tate:	stered office	address as shown	on the records of t	the
-	CT Cor	poration S Name	ystem		
	1200 Sout	h Pine Isla	and Road		
-		Address		•	
Plantation, FL 33324			_	ALL SEC	
	City	, State and Z	ip		
6. The name and address of	the new registered a	gent and/or	office:		TASS TASS
	따	llen Haft			~~~
-	E.	Name	·		
	761 Lar	nds End Dri	ve		SE S
_	Florida street addres	ss (P.O. Box	NOT acceptable)	•	
_	Longboat Key	FL	34228		
	City, S	State and Zip	<b>+</b>		
If the limited liability comp confirmed that after the cha and the business office of the liability company, it is here the members of the limited the operating agreement of	nge or changes are note registered agent we by confirmed that the liability company or	nade, the Flo ill be identic e change(s) v as otherwise	rida street address al. Or, in the case was/were authorized	of the registered of of a Florida limite d by an affirmative	office ed e vote of
(Signature of a member or authorize	d representative of a memb	er)			
James G. Haft, Member		<u>-</u>			••=
(Printed of typed name of signee)  I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm the (Signature of Registered Agent) E1		gent and agi e to the prop is of my posi filed to mere ty company i	ree to act in this ca er and complete pe tion as registered a ly reflect a change has been notified in	pacity. I further a erformance of my gent as provided in the registered writing of this ch	gree to duties, for in office ange.

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

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**FILING FEE: \$25.00**