T01000093389

ADORNO & YOSS

A PROFESSIONAL ASSOCIATION

260 | SOUTH BAYSHORE DRIVE, SUITE | 600 MIAMI, FLORIDA 33 | 33 TELEPHONE (305) 858-5555 WWW.ADORNO.COM

BRIAN A, HART

DIRECT DIAL NUMBER: (305) 860-7055

FACSIMILE (305) 858-4777

BAH@ADORNO.COM

300007508413--4 -09/04/02--01032--012 ******25.00 ******25.00

August 30, 2002

Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

LTC Business Solutions, L.L.C.

Ladies and Gentlemen:

Enclosed is a Statement of Change of Registered Office or Registered Agent or Both for L Business Solutions, L.L.C. Also enclosed is our check payable to the Department of State in amount of \$25 representing the filing fee.

Please call me if you have any questions.

Name
Availability

Cocument
Comminer

DCC

BAH:emr
Enclosures

Comminer

DCC

BC' no ledgement

DCC

Sincerely,

68566000010 1

BOCA RATON

FORT LAUDERDALE

NAPLES

WEST PALM BEACH

M1051007_1

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 limit	ed liability company	vis: LTC	Business Solutio	ns, L.L.C	s • 4 ———•
2. The mailing address of the limited liability company is: 15424 N.E. 2nd					,
			Miami, FL 331		
December 21, 2001			L01000022382		•
3. Date of filing/registrat	tion in Florida	• 	4. Document nu	mber	
5. The name of the registr Florida Department of		•	_	on the reco	rds of the
	1301 Miccosuk	cee Road		_	
	Tallahassee,	FL 32308		<u>. </u>	
	C	City, State an	d Zip	_	
6. The name and address	of the new registere	d agent and	or office:		Z: 8
	Brian A. Hart				CSE.
	2601 South Bay	yshore Dr	ive, Suite 1600	•	PILED OZ SEP -4 AM II: 5 SECKETARY OF STAT NLLAHASSEE, FLORI
	Florida street add	iress (P.O. E	Sox NOT acceptable)	•	
	Miami	FL	33133		S I I
	Cit	y, State and	Zip	-	5.5 5.5 5.5 5.5 5.5 5.5 5.5 5.5 5.5 5.5
If the limited liability conconfirmed that after the cand the business office of liability company, it is he the members of the limited the operating agreement of the limited that the limited liability concentration of the limited liability company is a second liability company of the limited liability company is a second liability company of the limited liability company is a second liability company of the limited liability company is a second liability company of the limited liability company is a second liability company of the limited liability company is a second liability company of the limited liability company of the	hange or changes ar the registered agen reby confirmed that d liability company of the limited liabilit	re made, the t will be ide the change(or as otherway company.	Florida street address ntical. Or, in the case s) was/were authorized vise provided in the au	of the regis of a Florida d by an affi	tered office a limited rmative vote of
Dion Se	na				
(Printed or typed name of signee)					
I hereby accept the appo- comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm (Signature of Registered Agent)	inis aocumeni is bei	по пиеа 10 п	iereiv reilect a changi	e in ine regi	sierea oince

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

INHS18(10/99)

FILING FEE: \$25.00