## L02000001658

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PICK-UP WAIT MAIL					
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December 15, 2004

To Whom It May Concern:

Please file the enclosed change of agent form and return a date stamped copy to my attention. I have enclosed a self address envelope for your convenience.

Should you have any questions, please do not hesitate to contact me. The number I can be reached at is 1-800-235-0337 x 118

Sincerely,

Traci Smith

Corporate Services Manager

## 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 li	imited liability comp	pany is: Porter Prop	perties, LLC	
2. The mailing addre				treet .
Decatur, Indiana 4673				
Decator, Indiana 4013	10			
1/23/2002 == ;.		<del>-</del> -	L02000001658	
3. Date of filing/regi	stration in Florida		4. Document num	ber
5. The name of the re Florida Departmen		ne registered office	address as shown or	n the records of the
1	C T Corporation	System		
!		Name		
ì	1200 South Pin	e Island Road		
, ;		Address	· · · · · · · · · · · · · · · · · · ·	•
;	Plantation, FL 3	3324		i e
,		City, State and Z	.ip	
6. The name and addr	ess of the new regis	tered agent and/or	office:	FILED 2004 DEC 20 PM 1: 04
1	NRAI Services, I	nc.		FILED  OEC 20 PM 1:1  ON OF CORPORA  LLAHASSEE, FLO
		Name		FILED EC 20 PM K OF CORP AHASSEE.
, 1	526 E. Park Aver	nue		M - GA
1	Florida street	address (P.O. Box	NOT acceptable)	그 보고 그
ļ		·		판원 :
i :	Tallahassee	FL 32301		
!		City, State and Zip	)	DAS P
If the limited liability confirmed that after thand the business officiability company, it is	ne change or change e of the registered as	s are made, the Flo ent will be identic	orida street address of	f the registered office
the members of the line the operating agreement	nited liability companies of the limited lial	oility company.	provided in the artic	by an affirmative vote of cles of organization or
Signature of a member or at	resourch atty	for Company (member)	-	
Janna				
(Printed or typed name of sig	mec)		e e e e e e e e e e e e e e e e e e e	-
I hereby accept the atcomply with the proving I am familiar with Chapter 608, F.S. Or address, I hereby confunctions. Inc.	ppointment as regist sions of all statules in and accept the oblinity this document is firm that the limited	ered agent and agreelative to the property gations of my posible to mere liability company in the CLARTY	ree to act in this cape for and complete per tion as registered ag ly reflect a change it has been notified in v	acity. I further agree to formance of my duties, tent as provided for in n the registered office writing of this change.
NRAI Services, Inc.	irm inai ine limited h. O DOLDSON	Haoility company i	ras been notified in v Nx	vriting of this change.

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

INHS18(10/99) ---

(Signature of Registered Agent)

FILING FEE: \$25.00