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Special Instructions to	Filing Officer.			
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ACCOUNT NO. : 072100000032

REFERENCE : 372043 4373439

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: December 22, 2003

ORDER TIME : 12:41 PM

ORDER NO. : 372043-010

CUSTOMER NO: 4373439

CUSTOMER: Felicia Renee Durkin

Akin, Gump, Strauss, Hauer &

19th Floor

590 Madison Avenue New York, NY 10022

CHANGE OF AGENT

NAME: CENTURION PARTNERS II, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Carla E. Lohi -- EXT# 1132

EXAMINER:

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.

8 , ,			
1. The name of the limited liability	company is: Centurio	on Partners II, LLC	·
2. The mailing address of the limit	ed liability company is:	110 East Broward Boule	evard
Cho 1300 Et Toudovánlo	. 17 amilia 22201		
Ste. 1700, Ft. Lauderdale	, FIORIGA 33301	·	+
July 22, 2002		L02000018334	·-
3. Date of filing/registration in Flo	orida	4. Document number	
5. The name of the registered agent Florida Department of State:	and the registered office	address as shown on the red	ords of the
	Steven Greenfi	eldE	多品加
	Name		E 30
	West Palmetto Park Ro	oad, Suite 402	S 2 3 1
	Address		Ha -
	Boca Raton, Florida	33433	IIO
	City, State and Z	Zip	8.7
6. The name and address of the new	v registered agent and/or	office:	PILED BEC 30 MIN STATE CREATING OF STATE CREATING OF STATE OF STAT
	Corporation Service	Company	
-	Name		and the second s
	1201 Hays Stree	et	
Florida	street address (P.O. Box	NOT acceptable)	€ 3.00-
Tall	lahassee <u>FL</u>	32301	- ,
	City, State and Zip	p	
If the limited liability company is no confirmed that after the change or cand the business office of the regist liability company, it is hereby confithe members of the limited liability the operating agreement of the limit	changes are made, the Flotered agent will be identiced inned that the change(s) we company or as otherwise ted liability company.	orida street address of the reg	gistered office ida limited
(Signature of a member or authorized represen	itative of a member)	•	•
Sylvia Queppet, Asst. Vic (Printed or typed name of signee)			• .
I hereby accept the appointment as comply with the provisions of all stand I am familiar with and accept to Chapter 608, F.S. Or, if this docume address, I hereby confirm that the land	registered agent and ag atules relative to the prof he obligations of my posi nent is being filed to mero imited liability company	ree to act in this capacity. I per and complete performan ition as registered agent as p ely reflect a change in the re has been notified in writing	further agree to ce of my duties, provided for in gistered office of this change.

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

Frank Mileto, Managing Member

INHS18(10/99)

FILING FEE: \$25.00