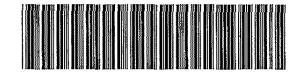
## L02000019655

(Requestor's Name)				
••				
PROFESSIONAL ASSOCIATION				
SUITE 2130				
Miami, Florida 33/31				
Miami, Florida 33131				
(City/State/Zip/Phone #)				
, vice				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Special Instructions to Filing Officer:				
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## 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 limite	d liability company is:	Luxury Cruise Holdings, I	LC	
2. The mailing address of	the limited liability cor	mpany is: 10370 USA Tod	ay Way, Miramar,	
Florida 33025	-			
August 1, 2002		_ L0200001965	_ L02000019655	
3. Date of filing/registration in Florida		4. Document nu	4. Document number	
5. The name of the register Florida Department of S	State:	ered office address as shown	on the records of the	
	Corporation Service	Name		
	1201 Hays Street	Name		
	Tallahassee, FL 32	Address 301-2525 State and Zip	95 JI	
6 The name and address	• •	•	JUL -7	
6. The name and address of the new registered agent and/or office:				
	Coprolite Corporation , Fig. 2			
	One S.E. Third Ave	Name nue, Suite 2130	PM 2: 0  PF STATE  EE, FLORI	
	Florida street address (P.O. Box NOT acceptable)			
	Miami	FL 33131	- 10	
•	City, S	tate and Zip		
confirmed that after the cl	nange or changes are me the registered agent with reby confirmed that the definition of the limited liability company or a series of the liability		s of the registered office e of a Florida limited	
Paul Andreassen				
(Printed or typed name of signee)	}	<del></del> .		
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	intment as registered as so of all statutes relative defending the obligation this document is being to that the limited liability of the control of the limited liability of the l	gent and agree to act in this of the proper and complete s of my position as registered filed to merely reflect a chang y company has been notified	rapacity. I further agree to performance of my duties, I agent as provided for in 3c in the registered office in writing of this change.	
(Signature of Registered Agent)				

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

FILING FEE: \$25.00

INHS18(10/99)