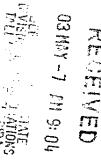
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(Req	uestor's Name)	
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ACCOUNT NO. : 072100000032

REFERENCE

COST LIMIT : \$ 25.00

ORDER DATE: April 17, 2003

ORDER TIME : 5:33 PM

ORDER NO. : 054309-515

CUSTOMER NO: 4500665

CUSTOMER: Ms. Erin B. Martin

Morgan, Lewis & Bockius Llp

1701 Market Street

Philadelphia, PA 19103-2921

CHANGE OF AGENT

NAME: FIRST STATES INVESTORS 64, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Ta-tanisha Adams -- EXT# 1131

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.

I The name of the limited lich	ility aammany is	. איזאפידי פיז	ያፈላጥያዊ፣መና፣ ያቁጥል [፣]	6A IIC
1. The name of the limited liab			1. \$2.17 1.4	O4, DIC
2. The mailing address of the l	imited liability c	company is:		
1725 The Fairway, Jenk	intown, PA 1	.9046		
November 20, 2002			L02000031245	-
3. Date of filing/registration in	Florida		4. Document nu	mber
5. The name of the registered a Florida Department of State:	gent and the regi	istered office		
1		poration s	System	
, <u>-</u>		Name		
1200 South Pine Island Road Post				
Address				
Plantation, FL 33324 City, State and Zip				
6 The name and address of the	v		•	FILED # 9:14
6. The name and address of the	new registered a	agent and/or	office:	TO REAL PROPERTY.
	Corporatio	n Service	Company	A SOLO
		Name		- 75
		Hays Stree	 	en e
Flor	rida street addres	ss (P.O. Box	NOT acceptable)	
7	Tallahassee	FI.	32301	
	City,	State and Zi		<u>. </u>
If the limited liability company confirmed that after the change and the business office of the reliability company, it is hereby of the members of the limited liability operating agreement of the limited operating agreement of the limited of a member or authorized rep	or changes are negistered agent wonfirmed that the ility company or limited liability company control in the company or limited liability company or liability c	nade, the Flovill be identified the change(s) as otherwise company.	orida street address cal. Or, in the case was/were authorize	of the registered office of a Florida limited ed by an affirmative vote o
Maureen Cullen, Authorize	d Representat	ive		- · · · · · · · · · · · · · · · · · · ·
(Printed or typed name of signee)				
I hereby accept the appointment comply with the provisions of a and I am familiar with and acceptage 608, F.S. Or, if this do address, I hereby confirm that the	nt as registered a ll statutes relative pt the obligation cument is being he limited liabili	igent and ag ve to the pro ns of my pos filed to mer ity company	ree to act in this co per and complete p ition as registered ely reflect a chang has been notified i	ipacity. I further agree to verformance of my duties, agent as provided for in e in the registered office in writing of this change.
Agent) Sylvi.				

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