LD2000031256

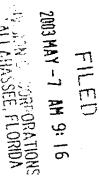
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| Special Instructions to | Filing Officer: | |
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Office Use Only



100017894281







ACCOUNT NO. : 072100000032

REFERENCE 054309

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: April 17, 2003

ORDER TIME : 5:35 PM

ORDER NO. : 054309-525

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 67, 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.

| 1. The name of the limited liability company is: FIRST STATES INVESTORS 67, LLC | C | | |
|--|--|--|--|
| 2. The mailing address of the limited liability company is: | | | |
| 1725 The Fairway, Jenkintown, PA 19046 | • | | |
| November 20, 2002 L02000031256 | | | |
| 3. Date of filing/registration in Florida 4. Document number | | | |
| 5. The name of the registered agent and the registered office address as shown on the re Florida Department of State: | cords of the | | |
| C T Corporation System | | | |
| Name | فسم | | |
| 1200 South Pine Island Road | | | |
| Address E T | | | |
| Plantation, FL 33324 | | | |
| City, State and Zip | 50 - M | | |
| 6. The name and address of the new registered agent and/or office: | THIS THE STEE FLORING | | |
| Corporation Service Company | 62 6 | | |
| Name | 30 | | |
| 1201 Hays Street | アジ | | |
| Florida street address (P.O. Box NOT acceptable) | - | | |
| Tallahassee FL 32301 | - | | |
| City, State and Zip | | | |
| If the limited liability company is not organized under the laws of the State of Florida, is confirmed that after the change or changes are made, the Florida street address of the real and the business office of the registered agent will be identical. Or, in the case of a Flo liability company, it is hereby confirmed that the change(s) was/were authorized by an the members of the limited liability company or as otherwise provided in the articles of the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member) | egistered office orida limited affirmative vote of | | |
| Maureen Cullen, Authorized Representative (Printed or typed name of signee) | | | |
| I hereby accept the appointment as registered agent and agree to act in this capacity, comply with the provisions of all statutes relative to the proper and complete performa and I am familiar with and accept the obligations of my position as registered agent as Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the raddress, I hereby confirm that the limited liability company has been notified in writing | I further agree to nce of my duties, provided for in registered office g of this change. | | |
| (Signature of Registered Agent) Sylvia Queppet, Assistant Vice President | , , <u>*</u> eps | | |
| Division of Cornerations P.O. Roy 6327 Tallahassaa El. 32314 | | | |

FILING FEE: \$25.00