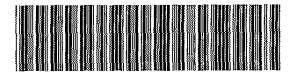
## L02000031276

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HILED 2003 MAY - 7 AM 9: 2 3 JUNE JUNE OR FORATION



ACCOUNT NO. : 072100000032

REFERENCE : 054309

AUTHORIZATION ?

COST LIMIT : \$ 25.00

ORDER DATE: April 17, 2003

ORDER TIME: 5:29 PM

ORDER NO. : 054309-495

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 3006,

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 lia	bility company is: FIR	ST STATES INVESTORS 3	006, LLC
2. The mailing address of the	limited liability compar	ıv is :	
/ · •			
1725 The Fairway, Jen	Kincown, PA 19046		
November 21, 2002		L02000031276	gr
3. Date of filing/registration in	n Florida	4. Document num	ber
5. The name of the registered a Florida Department of State	ngent and the registered:	office address as shown or	the records of the
-	C T Corporat		
•	Nan	ne	
	1200 South Pine		
	Äddr	ess	
	Plantation,		The same of the sa
	City, State	and Zip	
6. The name and address of the	e new registered agent a	nd/or office:	FILED TO BE
	Corporation Ser	vice Company	10 3 10 10 10 10 10 10 10 10 10 10 10 10 10
	Name	;	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
·	1201 Hays	Street	至 1
Flo	orida street address (P.C	D. Box NOT acceptable)	一天
_	Tallahassee FL	32301	
e gre , de respective	City, State a	nd Zip	
If the limited liability company confirmed that after the change and the business office of the r liability company, it is hereby the members of the limited liability coperating agreement of the Cignature of a member or authorized residual.	or changes are made, the egistered agent will be confirmed that the chancel company or as other limited liability company.	he Florida street address of identical. Or, in the case of ge(s) was/were authorized terwise provided in the artical control of the artic	f the registered office f a Florida limited by an affirmative vote of
Maureen Cullen, Authorize (Printed or typed name of signee)	ed Representative	<u>.</u> 1	, · · · · · · · · · · · · · · · · · · ·
I hereby accept the appointme comply with the provisions of a and I am familiar with and acceptanter 608, F.S. Or, if this daddress, I hereby confirm that	nt as registered agent a ull statutes relative to th ept the obligations of n ocument is being filed t the limited liability con	and agree to act in this cape te proper and complete per ty position as registered as to merely reflect a change i upany has been notified in t	acity. I further agree to formance of my duties, ent as provided for in the registered office writing of this change.
(Signature of Registered Agent) Sylvi	a Queppet, Assista	nt Vice President	-
Division of	Corporations, P.O. Bo	x 6327, Tallahassee, FL	32314

**FILING FEE: \$25.00**