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EE, FLORIDA



ACCOUNT NO. : 072100000032

REFERENCE : 054309

4500665

AUTHORIZATION :] Q.

COST LIMIT : \$ 25.00

ORDER DATE: April 17, 2003

ORDER TIME : 5:27 PM

ORDER NO. : 054309-485

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 3004,

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY 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.

agent, or both, in the state of Prortaa.		
1. The name of the limited liability compa	ny is: FIRST STATES INVESTORS 3004, LLC	
2. The mailing address of the limited liabi	lity company is :	
1725 The Fairway, Jenkintown, P.	A 19046	
November 21, 2002	L02000031286	
3. Date of filing/registration in Florida	4. Document number	
Florida Department of State:	e registered office address as shown on the records of the	
C T	Corporation System	
	Name	
1200 \$	South Pine Island Road	
	Address E T	
Plantation, FL 33324		
· · · · · · · · · · · · · · · · · · ·	City, State and Zip	
6. The name and address of the new register	ered agent and/or office:	
Corpor	ration Service Company	
· · · · · · · · · · · · · · · · · · ·	Name 99	
1	201 Hays Street	
Florida street a	ddress (P.O. Box NOT acceptable)	
Tallahasse	ee <u>FL</u> 32301	
	City, State and Zip	
confirmed that after the change or changes and the business office of the registered ag- liability company, it is hereby confirmed the	nized under the laws of the State of Florida, it is hereby are made, the Florida street address of the registered office ent will be identical. Or, in the case of a Florida limited nat the change(s) was/were authorized by an affirmative vote of ny or as otherwise provided in the articles of organization or ility company.	
Maureen Cullen, Authorized Represe (Printed or typed name of signee)	ntative	
I hereby accept the appointment as registe comply with the provisions of all statutes nand I am familiar with and accept the oblig Chapter 608, F.S. Or, if this document is address, I hereby confirm that the limited I	ered agent and agree to act in this capacity. I further agree to elative to the proper and complete performance of my duties, gations of my position as registered agent as provided for in being filed to merely reflect a change in the registered office iability company has been notified in writing of this change.	

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

(Signature of Registered Magent) Sylvia Queppet, Assistant Vice President