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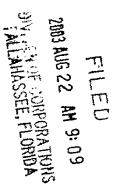
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J. BRYAN AUG 2 6 2003



August 20, 2003

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

Re: Indigo Melbourne LLC

Dear Sir or Madam:

Enclosed are the original and one copy of a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company which have been prepared for Indigo Melbourne LLC. Also enclosed is our check in the amount of \$25.00 in payment of the filing fee.

Please file the original Statement of Change, file stamp the additional copy to acknowledge receipt of the original, and return the file stamped copy to me in the enclosed self-addressed, stamped envelope.

Thank you for your assistance. Please call me at 402-1522 if you have any questions.

Sincerely,

Jamice T. Houff

President

Enclosures

cc: Robert F. Apgar, Senior Vice President and General Counsel Indigo Development Inc.

(w/o enclosures) - via facsimile

## 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 limit	ed liability company is	: Indigo Meibourne LLC		
2. The mailing address o	f the limited liability c	ompany is: 2075 Centre Po	ointe Boulevard	
Tallahassee, Florida				
February 24, 2003		L0300000664	L03000006649	
3. Date of filing/registration in Florida		4. Document nu	4. Document number	
5. The name of the regist Florida Department of		stered office address as shown	on the records of the	
-	Jar	nice T. Houff		
	1983 Centre Po	Name pinte Boulevard, Suite 100		
Address Tallahassee, Florida 32308 City, State and Zip		7803		
6. The name and address	·	*	7003 AUG 22 AM	
	Robe	ert F. Apgar		
	149 South Ridge	Name wood Avenue, Suite 600	9: 09 PLORATIO	
	Florida street addres	ss (P.O. Box NOT acceptable)	9	
	Daytona Beac	h <sub>FL</sub> 32114	<b>,</b>	
	City,	State and Zip	-	
confirmed that after the c and the business office of liability company, it is he	hange or changes are not the registered agent we reby confirmed that the diability company or of the limited liability of		s of the registered office e of a Florida limited ed by an affirmative vote of	
TANICE T. L.  (Printed or typed name of signee)	louff			

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

INHS18(10/99)

(Signature of Registered Agent)

**FILING FEE: \$25.00**