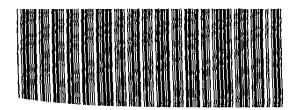
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LHI Renaissance, LLC			
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Availability			
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Updater			
Verifier			
W.P. Verifier		Amount: \$	

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: LI	II Renaissance, LLC	
2. The mailing address o	f the limited liability comp	any is: 700 NW 107 Avenue,	Suite 400
Miami, FL 33172			
02/26/2003		L03000007152	
3. Date of filing/registrat	tion in Florida	4. Document nun	nber
5. The name of the registresistance Florida Department of		ed office address as shown o	on the records of the
	Benjamin P. Butterfield, Esq.		
	`	ame	The Contract of
	700 NW 107th Avenue, Suite	400	
		dress	M 9: 49
	Miami, FL 33172		6
		te and Zip	
6. The name and address	of the new registered agent	and/or office:	`77
	CT Corporation System		
	Nar	ne	
	1200 South Pine Island Road		
	Florida street address (P	O. Box NOT acceptable)	
	Plantation F	L_33324	
	City, State	and Zip	
(Signature of a member or author of the comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	rized representative of a member) in Vice President in internal as registered agen	ter the laws of the State of Forther Florida street address to identical. Or, in the case ange(s) was/were authorized therwise provided in the arpany. It and agree to act in this can the proper and complete proper in the proper of my position as registered at the merely reflect a change ompany has been notified in	enacity I further garee to
C T Corporation System	Comin Bruno	CONNIE BRYAN SPECIAL ASSISTANT SEC	one .
(Signature of Registere d Agent			
Divisi	on of Corporations, P.O.	Box 6327. Tallahassee. FL	. <i>5</i> 2314

FILING FEE: \$25.00