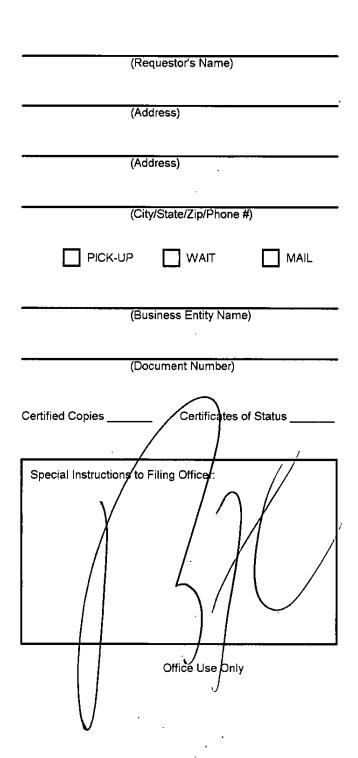
L030000 23017





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FILED 07 APR 25 AM 9: 13 SECRETARY OF STATE SECRETARY OF STATE





ACCOUNT NO.	:	0721000	000032	ACCOUNTS W.S.
REFERENCE	:	868056	5040795	The same of
AUTHORIZATION	:		W.	757 4
COST LIMIT	:	\$ 25	Spelle Ken	an son
ORDER DATE : April 25, 2007			,	ONDE
ORDER TIME : 2:02 PM				
ORDER NO. : 868056-010				
CUSTOMER NO: 5040795				
			·	
CHANGE OF A	GEN	<u>IT</u>		
NAME: SCENIC MHP, L	LC			
PLEASE RETURN THE FOLLOWING AS	PR	OOF OF F	FILING:	
CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Harry B. Davis	s -	- EXT# 2	926	

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 oom, in the state	oj rioriaa.						
1. The name of the limited	l liability company i	S: SCENIC MH	LLC	·			
2. The mailing address of	the limited liability	company is : _2	N. RIVERSIDE PLAZA	, SUITE 800			
CHICAGO, IL 60606							
06/24/03	· ·		L03000023017				
3. Date of filing/registration in Florida			4. Document number				
J. Date of Hillightegraph	OH HI I WING	_	. Doesingin named				
5. The name of the register Florida Department of S	red agent and the reg state:	ristered office a	ddress as shown on th	e records of the			
	WHIT	MIRE, DRENNEN	IL	1,00			
	249 ROYAL PALM WAY, SUITE 501						
		Address		17 25 17 25			
	PALM BEACH FL 33480						
	Cit	y, State and Zip		Z5 A 9			
6. The name and address of	f the new registered	agent and/or of	fice:	7 APR 25 AM 9: 13 ECRETARY OF STAFF LLLAHASSEE, FLORI			
	Corporation Service Company						
•	Name						
-	Florida street address (P.O. Box NOT acceptable)						
	Florida street addre	ess (P.O. Box N	O1 acceptable)				
	Tallahassee	FL	32301				
•	City,	State and Zip					
If the limited liability come confirmed that after the chand the business office of liability company, it is her of the members of the lim or the operating agreement the company of the limit of the member of authority (Signature of a member of authority)	ange or changes are the registered agent eby confirmed that to ited liability compart of the limited liabil	made, the Flori will be identical he change(s) want or as otherwisty company.	da street address of the l. Or, in the case of a sa/were authorized by	ne registered office Florida limited an affirmative vote			
By: David W. Fell, Vice Presid		,					
(Printed or typed name of signes)							
I hereby accept the appoil comply with the provision and I am familiar with and Chapter 608, F.S. Or, if the address I hereby confirm the May Chapter 1997 (May 1997)	s of all statutes relat l accept the obligati his document is bein that the limited liabi	agent and agree ive to the prope on to the prope on to the prope of my positive filled to merely lity company his 2 C.	r and complete perfoi on as registered agen v reflect a change in t is been notified in wr	ity. I further agree to mance of my duties, tas provided for in he registered office iting of this change.			
(Signature of Registered Agent)	(/						
Divisio	•	P.O. Box 6327, NG FEE: \$25.0	Tallahassee, FL 32	314			

INH\$18 (8/05)