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CORPORATION SERVICE COMPANY.

ACCOUNT NO. : 072100000032

REFERENCE : 683302

AUTHORIZATION:

COST LIMIT

ORDER DATE: November 1, 2005

ORDER TIME : 9:26 AM

ORDER NO. : 683302-010

CUSTOMER NO: 7141180

CHANGE OF AGENT

NAME: AIRPORT & GLADES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Amanda Haddan -- EXT# 2955

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 limite	d liability company i	s: AIRPORT &	GLADES, LLC	 +	
2. The mailing address of	the limited liability	company is : _2	225 N. Michigan, 11th	ı Floor	
c/o Bradley Associates, Chica	go, IL 60601				
July 3, 2003			L03000024315		
3. Date of filing/registration in Florida			4. Document num	iber	
5. The name of the registe Florida Department of S		sistered office a	ddress as shown o	n the records of the	
-	CT	Corporation System	m	S 2 1	
		Name			
1200 South Pine Island Road					
Address					
Plantation, Fl 33324 City, State and Zip				0 d st	
6. The name and address of	•	•		AIDA	
	Corporat	tion Service Comp	any		
Name 1201 Hays Street					
Florida street address (P.O. Box NOT 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.	ange or changes are the registered agent the registered agent that the distriction of the limited liability compant of the limited liability.	made, the Flori will be identica he change(s) was otherwity company.	da street address of l. Or, in the case of as/were authorized	of the registered office of a Florida limited I by an affirmative vote	
(Signature of a member or authori	zed representative of a men	iber)			
Sherwin Jaro / A (Printed or typed name of signee)	nonger/Member				
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm (Signature of Registered Agent)	ntment as registered s of all statutes relati l accept the obligation is document is being that the limited liabi Michelle R. Vannoy, Asst	24	e to act in this cap r and complete pe on as registered a reflect a change is been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00