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September 27, 2004

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

Re: Change of Registered Agent for 5277 Tivoli, LLC

Dear Sir/Madam:

Enclosed please find the Statement of Change of Registered Office or Registered Agent or Both for the above-reference LLC as well as a \$25 check for the filing fee. Please return confirmation to the undersigned that the change has been made.

Very truly yours,

MILLER, MILLER & CANBY

W. Christopher Andrews

Enclosures

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provision liability company submits agent, or both, in the State	ns of sections 608.416 s the following statemen e of Florida.	or 608.508, Florida Statutes nt in order to change its regis	, the undersigned linited stered office or registered
1. The name of the limite			2004 SEP 29 D
2. The mailing address of	f the limited liability cor	mpany is: 4845 RUGBY AV	ENUSECRETARY OF
		BETHESDA, MD) 20814 20814
AUGUST 7, 2003		L03000029284	
3. Date of filing/registration	ion in Florida	4. Document num	ıber
5. The name of the register Florida Department of S		ered office address as shown o	on the records of the
, million and the second	CORPORATION SE	ERVICE COMPANY	
	1201 HAYES STRE	Name ET	
	TALLAHASSEE, FL	Address . 32301-2607	
	City, S	State and Zip	
6. The name and address of the new registered agent and/or office:			
	DAVID B. MILLER		a r
	488 CAPTAINS CIR	lame CLE	
		(P.O. Box NOT acceptable)	
	DESTIN,	_{FL} 32550	
	City, St	ate and Zip	
confirmed that after the chand the business office of liability company, it is her	nange or changes are mathe registered agent will be confirmed that the diability company or a the limited liability co	·	of the registered office of a Florida limited I by an affirmative vote of
DAVID B. MILLER			
(Printed or typed name of signce)			
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm	intment as registered ag s of all statutes relative d accept the obligations his document is being fi that the linual liability	ent and agree to act in this cap to the proper and complete pe of my position as registered a led to merely reflect a change o company has been notified in	pacity. I further agree to proving a futies, seen as provided for in in the registered office writing of this change.

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

INIIS18(10/99) FILING FEE: \$25.00