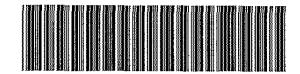
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TO: Registration Section

## **COVER LETTER**

Division of Corporations				
SUBJECT: Tilza, L.L.C.				
	of Limited Liability	Сотрапу)		
Dear Sir or Madam:				
The enclosed Registered Agent/Registere	ed Office Change and	d fee(s) are submi	itted for filing.	
Please return all correspondence concern	ing this matter to the	following:		
Marla R. Mayster, Paralegal				
(Name of Person)		· •		
c/o Hodgson Russ LLP		-· · · · ·	2006 TAL	
(Firm/Company)			CRET	
1801 N. Military Trail, Suite 200	<u> </u>		-4 ARY ASSE	
(Address)				
Boca Raton, FL 33431			2006 DEC -4 AM 10: 43 SECRETARY OF STATE TALLAHASSEE, FLORIO	
(City/State and Zip Code)				
For further information concerning this m	natter, please call:			
Marla R. Mayster	—_ "` \	862-4126		_
(Name of Person)	(Arc	ea Code & Daytir	ne Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Registra Division P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, Florida 32314	i.	
Enclosed is a check for the follow	wing amount:			
<b>V</b> \$25 Filing Fee	∏ \$55 F	iling Fee & Certif	ied Copy	

## 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 limited liability	y company is: Tilza, L.L.C	<b>).</b>		·
2. The mailing address of the limit	ted liability company is: _			
8190 Muirhead Circle, Boynton	Beach, FL 33437			
08/11/2003		L03000030161		
3. Date of filing/registration in Flo	•			
	t and the registered office  K. Duffey  Name I. Federal Hwy., Ste. 2  Address		ne records of th	i <b>e</b>
Boca R	Raton, FL 33487			
6. The name and address of the nev	City, State and Zi v registered agent and/or o	•	7 2	
1801 N Florida Boca R	City, State and Zip	NOT acceptable)	2006 DEC -4 AM 10: 43 SECRETARY OF STATE TALLAHASSEE, FLORIDA	TIME
If the limited liability company is a confirmed that after the change or and the business office of the regist liability company, it is hereby conf of the members of the limited liability or the operating agreement of the limited liability.	changes are made, the Flor tered agent will be identice firmed that the change(s) vality company or as otherw	rida street address of th al. Or, in the case of a vas/were authorized by	ne registered of Florida limited an affirmative	ffice d vote
(Signature of a member or authorized represen	ntative of a member)			
Gayle Lionelli, Member (Printed or typed name of signee)				
I hereby accept the appointment as comply with the provisions of all st and I am familiar with and accept to Chapter 608, F.S. Or, if this document address, I hereby confirm that the last the Chapter of Registered Agent)	s registered agent and agr atuies relative to the prop the obligations of my posit nent is being filed to mere imited liability company h	ree to act in this capaci er and complete perfor tion as registered agen ly reflect a change in t ias been notified in wri	ty. I further as mance of my d t as provided f he registered o tting of this chi	rree to luties, or in office inge.

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