

L04000014793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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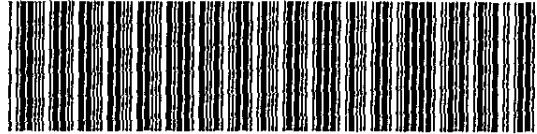
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Exporen Properties LLC  
(Name of corporation)

**DOCUMENT NUMBER:** L04000014793

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Megan Hughes  
(Name of contact person)

Eh? Clerical Services Inc.  
(Firm/Company)

3990 Warren Way  
(Address)

Reno, NV 89509  
(City/state and zip code)

For further information concerning this matter, please call:

Megan Hughes at ( 775 ) 338-2598  
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

**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 company is: Exporen Properties LLC
2. The mailing address of the limited liability company is : P.O. Box 7277, Port Saint Lucie, FL  
34985

February 24, 2004

L04000014793

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Corporate Creations Network Inc.

Name

11380 Prosperity Farms Road #221E

Address

Palm Beach Gardens, FL 33410

City, State and Zip

6. The name and address of the new registered agent and/or office:

PARACORP INCORPORATED

Name

236 EAST 6<sup>th</sup> AVENUE

Florida street address (P.O. Box NOT acceptable)

TALLAHASSEE FL 32303

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

R Fleming  
(Signature of a member or authorized representative of a member)

Renaldo Fleming

(Printed or typed name of signee)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Denise Zellner for PARACORP INCORPORATED  
(Signature of Registered Agent)

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

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