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Certified Copies	_ Certificates	s of Status
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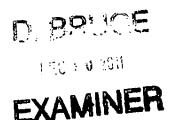
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SCORETARY OF STATE



COVER LETTER

TO: Registration Section Division of Corporations				
	Property Investments, LLC		_	
Name of Lim	nited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for fi	ling.		
Please return all correspondence concerning this	s matter to the following:			
May Anne Keshen Name of Person				
TKH Coastal Property Investi	mont, LLC			
6219 Ramirez Mesa	Drive	SALLAHA	11-DEC	T
Maliby, CA 90265 City/State and Zip Code		SSEE, 1	C 28 PH	
Makeshen@aol.com E-mail address: (to be used for future annual report notific	cation)	STATE	LH 12: 44	
For further information concerning this matter, p	please call:			
	(415) 286-0645		<u>.</u>	
Name of Person	Area Code & Daytime Telephone Number	Cr		
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section			
Division of Corporations Division of Corporations				
Clifton Building 2661 Executive Center Circle	P.O. Box 6327			
Tallahassee, Florida 32301	Tallahassee, Florida 32314			
Enclosed is a check for the following an	mount:			
 √ \$25 Filing Fee	\$55 Filing Fee & Certified 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. Name of the limited liability company:	TKH Coastal Property Investments, LLC
2. (a) Principal office address of limited liabil	ity company:
(Note: MUST BE STREET ADDRES	6219 Ramirez Mesa Drive Malibu, CA 90265
(b) Mailing address of limited liability com	pany:
(Note: MAY BE POST OFFICE BO)	6219 Ramirez Mesa Drive Malibu, CA 90265
03/15/2004	L04000020130
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office	e shown on the records of the Florida Dept. of State:
Registered Agent:	AGENTS AND CORPORATIONS, INC.
Registered Office Address:	300 Fifth Avenue South, Suite 104-330 Naples, FL 34102
(b) Enter name of <u>NEW Registered Agent</u> <u>NEW Registered Agent:</u> <u>NEW Registered Office Address:</u> <u>OMIST RE FLORIDA STREET ADD</u>	InCorp Services, Inc.
(MUST BE FLORIDA STREET ADD)	Loxahatchee ,FL33470
and the business office of the registered agent v liability company, it is hereby confirmed that the of the members of the limited liability company or the operating agreement of the limited liability. Signature of a member or authorized representative of a member of a	
Printed or typed name of signee	
I hereby accept the appointment as registered comply with the provisions of all statutes relative and I am familiar with and accept the obligation Chapter 608 F.S. Or, if this document is being address pheneby confirm that the limited liabil	agent and agree to act in this capacity. I further agree to be to the proper and complete performance of my duties, ns of my position as registered agent as provided for in filed to merely reflect a change in the registered office thy company has been notified in writing of this change.
on behalf of InCorp Services	

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

Signature of Registered Agent