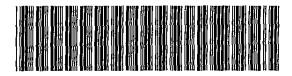
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WILMSTH VENTURES CLC 828 SE 30TH AUE OCAIC FL 34471-4562 (Address)
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TECHTURY OF STATE

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.

The name of the limited liability company is:	U/ILMOTH VENTURES LLC
2. The mailing address of the limited liability compan	
OCALA FL 34471	- 4862
6/3/04 3. Date of filing/registration in Florida	
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered Florida Department of State: Solution State Solution State Solution State Solution State Solution So	office address as shown on the records of the Office Address as shown on the records of th
6. The name and address of the new registered agent a	
Florida street address (P.O	E 38TH AVESO ~
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change the members of the limited liability company or as other than the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)	the Florida street address of the registered office dentical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote of erwise provided in the articles of organization or
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent as comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of michapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability complete the confirmation of the confirmation o	nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, y position as registered agent as provided for in o merely reflect a change in the registered office pany has been notified in writing of this change.
(Signature of Registered Agent)	

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

INHS18(10/99)

FILING FEE: \$25.00