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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	d liability company is:	UK MORTO	GAGES ABRO	AD LLC		
2. The mailing address of						
STE. #L8319, SARASO						
06/14/2004			L0400004438;	3 ૣ		
3. Date of filing/registrati	on in Florida	4.	Document nur	nber		
5. The name of the register Florida Department of S	red agent and the regist	tered office add	dress as shown o	on the records	of the	3
-	JOS	EPH EVANS				
	1455 TALLEVAS	Name ΓROAD, STE	E. #L8319	. <u>.</u>		
	SARASOT	Address 「A,FLORIDA	٦ 34243			
	•	State and Zip				
6. The name and address of	of the new registered ag	ent and/or offi	ce:			
	JOS	EPH EVANS				
	1901 601	√ame H PLACE, S1	ΓΕ. #L8319			
	Florida street address	(P.O. Box NC	T acceptable)			
	BRADENTON	FL	34203			
•	City, St	tate and Zip		,		
If the limited liability com confirmed that after the chand the business office of liability company, it is her the members of the limited the operating agreement of the limited that the operating agreement of the limited that the operating agreement of the limited that the limited liability company is a second to the limited liability company to the limited liability company that the limited liability company that the limited liability company that the change of the liability company that the liability company is a second liability company to the liability company that the liability company is a second liability company that the liability company is a second liability company that the liability company is a second liability company that the limited liability company is a second liability company that the limited liability company is a second liability company that the limited liability company is a second liability company that the limited liability company is a second liability company that the liability company is a second liability company that the liability company is a second liability company that the liability company is a second liability company that the liability company th	lange or changes are mathe registered agent will eby confirmed that the I liability company or a factorial than the limited liability confirmed that the liability confirmed the liability confirmed that the liability confirmed the liability confirmed the liability confirmed that the liability confirmed the liability confirmed the liability confirmed that the liability confirmed the liability co	ade, the Florida Il be identical. change(s) was, as otherwise prompany.	of the State of F a street address Or, in the case were authorized ovided in the ar	lorida, it is he of the register of a Florida li d by an affirm ticles of organ	red off imited native nizatio	ice vote of nor
authorised signaroty of	Coddan Secretary S	Service Ltc			CI)	
(Printed or typed name of signee)	<u> </u>			•	至	11 m
I hereby accept the appoing comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered ag s of all statutes relative l accept the obligations his document is being f that the limited liability	gent and agree to the proper s of my position iled to merely i y company has	to act in this ca and complete p in as registered a reflect a change been notified in	pacity. I furti erformance of rigent as provi on the registe n writing of th	her ag f pg di ided fo red of is châ	ree to uties, or in fice nge.
(Shinature of Registered Agent)						

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

INHS18(10/99)

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