2006 LIMITED LIABILITY COMPANY

FILED Mar 29, 2006 08:00 AM Secretary of State

DOCUM 1. Entity Name FIDELITY			
Principal Place of Business Mailing Address 8800 GRAND OAK CIR. 8800 GRAND OAK CIR. SUITE 400 SUITE 400 TAMPA, FL 33637 TAMPA, FL 33637			
DO NOT WRITE IN THIS SPACE			03142006 No Chg-LLC CR2E083 (11/05) 4. FEI Number Applied For 56-2473068 Not Applicable 5. Cartificate of Status Dostred \$5.00 Additional
	6. Name and Address of Current Registered Agent	1	Fee Required
DAVID J. POWERS, P.A. 7777 GLADES ROAD SUITE 300 BOCA RATON, FL 33434			DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Sphanue, typed or printed name of registered agent and title II applicable (NOTE Registered Agent Synature required when reinstalling) DATE			
Filing Fee is \$50.00 Due by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS	1	
TITLE MAME STREET ADDRESS CITY-ST-ZIP	MGRM RABIL, ROBERT L 8800 GRAND OAK CIRCLE #400 TAMPA, FL 33537		
TITLE HAME STREET ACCRESS CITY-ST-ZIP			(1) 1.59 m (2) 416-425 50, 10
title Name Striet address City-St-Zip			DO NOT WRITE
TITLE NAME STREET ADDRESS CITY+ST-ZIP			IN THIS SPACE
THTLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET AUDRESS E)TY-ST-ZIP			
11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the Information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under coath; that I am a managing member of manager of the limited (liability company of the recitives of this size emphasized in execute this report as reputred by Chapter 608. Florida Statutes.			