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(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	#)
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(Bu	siness Entity Name	e)
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2006 JAN -9 AM IO: 52

104-W537

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 limite	ed liability company is:	Viper Ca	oital Advisors, LLC		
2. The mailing address of	f the limited liability cor	mpany is : _	15508 Avocetview	v Court	
Lithia, Florida 33547					
08/30/2004			L04000064537		
3. Date of filing/registration in Florida		4. Document number			
5. The name of the register Florida Department of Florida Department of Grant Plant Plan	State: Erik Lebsack 15508 Avocetview C Lithia, Florida 33547 City, S of the new registered age Erik Lebsack	Name Court Address 7 State and Zi gent and/or o	p office:	the records of the 2006 JAN -9 AM 10: 52 SECRETARY OF SAME TALL AND SEE, FL. 19:	
	City, St	tate and Zip			
If the limited liability com	pany is not organized un	inder the lav	vs of the State of Flo	orida, it is hereby	e.

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.

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

Erik Lebsack

(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.

(Signature of Registered Agent)

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



December 27, 2005

JANET GRANNUM MICHAEL LAPAT 221 NORTH LASALLE STREET, SUITE 1137 CHICAGO, IL 60601

SUBJECT: VIPER CAPITAL ADVISORS, LLC

Ref. Number: L04000064537

We have received your document for VIPER CAPITAL ADVISORS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 305A000735

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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Lithia, Florida 33547	of the finited flability	company is:					
Litila, Florida 33347			***		<u></u> .		
08/30/2004			L04000064537				
3. Date of filing/registration in Florida 4. 1			4. Document num	l. Document number			
5. The name of the regist Florida Department of	ered agent and the reg State: Erik Lebsack	istered office	address as shown or	n the records of	f the		
	15508 Avocetview	Name v Court		SECRET	2000		
	Lithia, Florida 335			RETAR'I			
	City	y, State and Z	ip		Esta Tendo		
6. The name and address	of the new registered	agent and/or	office:	15 E			
	Erik Lebsack				т Л О		
	4365 Lynx Paw Tr	Name ail		1	J		
	Florida street addre		NOT acceptable)				
	Valrico, Florida	_{FL} 3359	4				
	City,	State and Zip					
If the limited liability conconfirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement of	hange or changes are in the registered agent we reby confirmed that the d liability company of the limited liability	made, the Flo. vill be identic e change(s) wras otherwise company.	rida street address of al. Or, in the case of	f the registered f a Florida limi	office ited		
(Signature of a member or author	ized representative of a memi	ber)					
Erik Lebsack	10 × 100						
(Printed or typed name of signee)		•					
I hereby accept the appoor comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, Thereby confirm	intment as registered of all statutes relative accept the obligation his document is being that the limited liabil	agent and agr we to the prop ns of my posit filed to mere ity company l	ee to act in this capter and complete per tion as registered ag ly reflect a change i has been notified in v	acity. I further formance of m ent as provided n the registered writing of this d	agree to y duties, d for in diffice change.		

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

FILING FEE: \$25.00

(Signature of Registered Agent)