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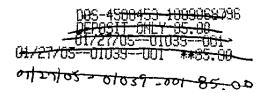
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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.

		Vinor Capital Management	U.C
		Viper Capital Management, I	
2. The mailing address of	the limited liability cor	npany is: 5715 Bentgrass,	
Valrico, Florida 33594		·	
08/30/2004		L04000064543	
3. Date of filing/registrati	on in Florida	4. Document number	er e
5. The name of the registe Florida Department of S	State: Erik Lebsack	ered office address as shown on t	the records of the
	5715 Bentgrass	Name	
	Valrico, Florida 3359	Address 94 State and Zip	
6. The name and address of	of the new registered ag	ent and/or office:	
	Erik Lebsack		
	15508 Avocetview C	ame Court	
•	Florida street address	(P.O. Box NOT acceptable)	
	Lithia	FL 33547	
	City, St	ate and Zip	
confirmed that after the ch and the business office of liability company, it is her	ange or changes are mathe registered agent will eby confirmed that the call liability company or as the limited liability confirmed.		lhe registered office a Florida limited v an affirmative vote of
Erik Lebsack			
(Printed or typed name of signee)			
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered agong of all statutes relative accept the obligations his document is being fithat the limited liability	ent and agree to act in this capac to the proper and complete perfo of my position as registered age led to merely reflect a change in company has been notified in wi	rity. I further agree to rmance of my duties, nt as provided for in the registered office riting of this change.
(Signature of Registered Affent)			

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

FILING FEE: \$25.00

INHS18(10/99)

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

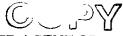
Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited	l liability company is:	Viper Ca	pital Management	, LLC
2. The mailing address of				
Valrico, Florida 33594	•			
08/30/2004			L04000064543	
3. Date of filing/registration	on in Florida		4. Document num	ber
5. The name of the register Florida Department of S	tate: Erik Lebsack		address as shown or	the records of the
	5715 Bentgrass	Name		
-	Valrico, Florida 3359	Address 94 State and Zi	p	
6. The name and address of	the new registered age	ent and/or o	office:	
	Erik Lebsack			
~	15508 Avocetview C	lame Ourt		
_	Florida street address	(P.O. Box l	NOT acceptable)	
ļ	_ithia	FL 33547	7	
~	City, Sta	ate and Zip		
If the limited liability comp confirmed that after the cha and the business office of the liability company, it is here the members of the limited the operating agreement of Signature of a member or authorize	nge or changes are made registered agent will by confirmed that the cliability company or as the limited liability cor	de, the Flor l be identica change(s) w s otherwise mpany.	ida street address of al. Or, in the case of as/were authorized	f the registered office f a Florida limited by an affirmative vote of
Erik Lebsack				
(Printed or typed name of signee)				
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if this address, I hereby confirm the Chapter of Registered Agent)	ment as registered age of all statutes relative in accept the obligations is document is being file the limited liability	ent and agri to the propi of my posit led to merel company h	ee to act in this cape er and complete per ion as registered ag ly reflect a change u as been notified in v	icity. I further agree to formance of my duties, ent as provided for in the registered office writing of this change.

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

INHS18(10/99)

FILING FEE: \$25.00



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 Capital Managen	nent, LLC
		npany is: 5715 Bentgra	
Valrico, Florida 33594			
08/30/2004		L04000064	543
3. Date of filing/registration	ion in Florida	4. Document	number
5. The name of the registe Florida Department of S		ered office address as show	n on the records of the
	5715 Bentgrass	Name	
	Valrico, Florida 3359	Address 04 tate and Zip	OS JAN 27 AMILLIAN SECRETARSSEE, FLORITOR
6. The name and address of	•	•	55% 是近
	Erik Lebsack		mor II
	15508 Avocetview C	ame ourt	- 1985
•	Florida street address (P.O. Box NOT acceptable)		
	Lithia	FL 33547	
	City, Sta	ate and Zip	
the operating agreement of	lange or changes are mathe registered agent will eby confirmed that the calliability company or as fithe limited liability con	de, the Florida street addre be identical. Or, in the ca hange(s) was/were authori otherwise provided in the npany.	of Florida, it is hereby ss of the registered office se of a Florida limited zed by an affirmative vote of articles of organization or
(Signature of a member or authorize	zed representative of a member)		
Erik Lebsack			
(Printed or typed name of signee)	utusant as posistand ass	ent and agree to get in this	sangaity. I first as assay to
I hereby accept the appoil comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registerea age s of all statutes relative i d accept the obligations his document is being fil that the limited liability	mt and agree to act th this to the proper and complete of my position as registere ed to merely reflect a chan company has been notified	capacity. I further agree to e performance of my duties, d agent as provided for in tge in the registered office I in writing of this change.
(Signature of Registered Agent)			

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

FILING FEE: \$25.00