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ACCOUNT NO. : 072100000032 REFERENCE: 970179 4319480 AUTHORIZATION COST LIMIT ORDER DATE: June 27, 2007 ORDER TIME : 9:52 AM ORDER NO. : 970179-490 CUSTOMER NO: 4319480 CHANGE OF AGENT NAME: TC WPB EQUITIES LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY
PLAIN STAMPED COPY CONTACT PERSON: Doreen Wallace -- EXT# 2928

EXAMINER:

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.

0 , ,	3			
1. The name of the limite	ed liability company is: TC WPB	EQUITIES LLC	-	
2. The mailing address of the limited liability company is:				
55 Fifth Avenue, 15th Floor, New York, NY 10003				
111101001				
11/18/2004 L04000084059				
3. Date of filing/registration in Florida 4. Document number				
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:				
	Lee Solomor	ı, Esq.	<u></u>	
	Name			
	19538 Bayview	Road	100	
Address				
	Boca Raton, FL		平型 三	
	City, State and	Zip	23 F	
6. The name and address of the new registered agent and/or office:				
Corporation Service Company				
	Name		92 <u>a</u>	
	1201 Hays Stre	et	<u>Gri</u>	
Florida street address (P.O. Box NOT acceptable)				
	Tallahassee FL	32301		
	City, State and Z			
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)				
Maureen Cullen, Authorized Person				
	intment as registered agent and a is of all statutes relative to the pro d accept the obligations of my po his document is being filed to me that the limited liability compan Sylvia Queppet, Asst. VP	gree to act in this cap per and complete per sition as registered as rely reflect a change i y has been notified in	acity. I further agree to formance of my duties, gent as provided for in In the registered office writing of this change.	
(Signature of Registered Agent) S	Sylvia Queppet, Asst. VP			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18(10/99)