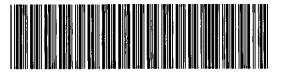
104000084061

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer						
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07 JUN 29 AM 10: 59

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07 JUN 29 PM 2: 30
SECRETARY OF STATE



ACCOUNT NO. : 07210000032						
REFERENCE : 970179 4319480						
AUTHORIZATION :						
COST LIMIT : STUDIE NO. 125 6						
ORDER DATE: June 27, 2007						
ORDER TIME: 9:48 AM						
ORDER NO. : 970179-485						
CUSTOMER NO: 4319480						
CHANGE OF AGENT						
NAME: SUSAN WPB EQUITIES LLC						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX 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.

_						
1. The name of the limited	l liability company is:	SUSAN WP	B EQUITIES LLC			
2. The mailing address of	the limited liability co	ompany is:				
55 Fifth Avenue, 15	th Floor, New York	c, NY 1000	03			
*	·	<u>, </u>	<u> </u>	·		
11/18/2004 L04000084061						
3. Date of filing/registration	on in Florida		4. Document num	ıber		
5. The name of the register Florida Department of S		stered office	address as shown c	on the records of the		
	Le	e Solomon,	Esq.			
		Name				
19538 Bayview Road DS O						
Address						
Address Boca Raton, FL 33434 City, State and Zip Address AHAR CRETAR				H		
	City,	State and Z	ıp	1 SS AR SS		
6. The name and address of the new registered agent and/or office: Corporation Service Company Name 1201 Hays Street 1						
Corporation Service Company Name						
		Name		RIBE		
Florida street address (P.O. Box NOT acceptable)						
	Tallahassee	FL	32301			
City, State and Zip						
If the limited liability components of the business office of the liability company, it is here the members of the limited the operating agreement of the limited of a member of authorization of the limited the operating agreement of the limited t	ange or changes are made in the registered agent when the confirmed that the liability company or the limited liability company or the liability company or the limited liability company or the liability compan	nade, the Florill be identice change(s) was otherwise ompany.	rida street address on the case of the cas	of the registered office of a Florida limited I by an affirmative vote of		
Maureen Cullen, Author (Printed or typed name of signee)	rized Person					
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 to Cignature of Registered Agent) S.	ntment as registered a of all statutes relative accept the obligation is document is being that the limited liability	gent and agree to the prop s of my posi filed to mere ty company b	ee to act in this caper and complete pertion as registered a ly reflect a change ias been notified in	pacity. I further agree to rformance of my duties, gent as provided for in 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