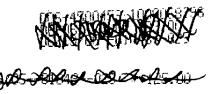
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STACEY P. COHAN

Attorney at Law

55 FIFTH AVENUE - 15TH FLOOR NEW YORK, NEW YORK 10003

TELEPHONE: (212) 206-6118 FACSIMILE: (212) 727-0563

June 6, 2005

Sincerelly

BY REGULAR MAIL
Florida Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Susan WPB Equities LLC
Clinton Hill WPB Equities LLC
TEA WPB Equities LLC
CH WPB Equities LLC
TC WPB Equities LLC

2005 JUN 13 PM 1: 43
DUN 13 PM 1: 43

Gentlepersons:

Enclosed please find a "Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company" for each of the above referenced entities, together with a check made payable to "Division of Corporations" in the amount of \$125.00 representing the aggregate filing fee for same.

Please telephone with any questions.

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 liability of	ompany is: Clinton Hill WPB Equities LLC
2. The mailing address of the limited	liability company is: 55 Fifth Avenue, 15th Floor
New York, New York 10003	
November 18, 2004	L04000084062
3. Date of filing/registration in Flori-	da 4. Document number
Florida Department of State:	nd the registered office address as shown on the records of the
Angell C	orporate Services, Inc.
One Nor	Name h Clematis Street, Suite 400
West Pa	Address m Beach, FL 33401
-	City, State and Zip
6. The name and address of the new i	egistered agent and/or office:
Lee Solo	mon, Esq.
19538 Ba	m Beach, FL 33401 City, State and Zip egistered agent and/or office: mon, Esq. Name syview Road recet address (P.O. Box NOT acceptable)
Florida s	reet address (P.O. Box NOT acceptable)
Boca Ra	ton FL 33434
	City, State and Zip
confirmed that after the change or chand the business office of the register liability company, it is hereby confirm	· · ·
Stacey P. Cohan, Authorized Re	presentative
(Printed or typed name of signee)	
I hereby accept the appointment as r comply with the provisions of all stat and I am familiar with and accept the Chapter 608, F.S. Or, if this docume address, I hereby confirm that the lin	egistered agent and agree to act in this capacity. I further agree to the proper and complete performance of my duties, obligations of my position as registered agent as provided for in it is being filed to merely reflect a change in the registered office ited liability company has been notified in writing of this change.
(Signature of Registered Agent)	v Cor C

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

IN11S18(10/99)

FILING FEE: \$25.00