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ACCOUNT NO.	: 072	1000000	32	
REFERENCE	: 970	179	4319480	O7 . SEC
AUTHORIZATION	: J			JUN 29 CARLAS
COST LIMIT		1111115CE 5.00	man	SSET SSET
ORDER DATE : June 27, 2007				H 2:31
ORDER TIME : 9:18 AM				IDA IDA
ORDER NO. : 970179-455				
CUSTOMER NO: 4319480				
CHANGE OF A	<u>GENT</u>			·
NAME: CLINTON HILL	WPB EQU	ITIES L	LC	
PLEASE RETURN THE FOLLOWING AS	PROOF	OF FILI	NG:	
CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Doreen Wallac	e EX	T# 2928		
	EΥΛ	MINED.		

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 company is: CLINTON HILL WPB EQUITIES LLC .					
2. The mailing address of the limited liability company is :					
55 Fifth Avenue, 15th Floor, NY, NY 10003					
11 (10 (2004					
11/18/2004 L0400084062					
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:					
Name Em					
Lee Solomon, Esq. Name 19538 Bayview Road					
Address Boca Raton, FL 33434 City, State and Zip					
Boca Raton, FL 33434					
City, State and Zip					
6. The name and address of the new registered agent and/or office:					
Corporation Service Company					
Name					
1201 Hays Street					
Florida street address (P.O. Box NOT acceptable)					
Tallahassee FL 32301					
City, State and Zip					
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					
(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) Sylvia Queppet, Asst. VP					

FILING FEE: \$25.00

INHS18(10/99)

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