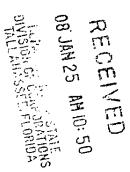
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(Re	questor's Name)				
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B. KOHR

JAN 2 8 2008

EXAMINE A





ACCOUNT NO.	: 072100000032					
REFERENCE	: 413912 7628966					
AUTHORIZATION	: Spulledenan					
COST LIMIT	: \$ 25.00					
ORDER DATE : January 23, 2008 ORDER TIME : 9:05 AM	B JAN 25 TALLAH 25					
ORDER NO. : 413912-090	55E					
CUSTOMER NO: 7628966	E FLORE E					
CHANGE OF AGENT						
NAME: PENNSYLVANIA LLC	HOTEL ASSOCIATES,					
PLEASE RETURN THE FOLLOWING AS CERTIFIED COPY XX PLAIN STAMPED COPY	S PROOF OF FILING:					

EXAMINER:

CONTACT PERSON: Kathy Drake -- EXT# 2959

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.

agent, or voin, in the State	гој влогии.				
1. The name of the limited	d liability company i	s: PENNSYI	VANIA HOTE	EL ASSOCIATES, LLC	
2. The mailing address of	the limited liability	company is: _			
3700 NE 28th Avenue	, Lighthouse Poir	nt, FL 33064		,	
12/16/2004		L04000091340			
3. Date of filing/registration in Florida		4. Document number			
5. The name of the register Florida Department of S	State:		ddress as shown o	n the records of the	
	W-1700	A.G.C. Co.			
	200 0 0	Name	' 0200		
	200 S. Ora	nge Ave., Su	1te 2300		
Address Orlando, FL 32801					
		y, State and Zip		- 4	
6. The name and address of	of the new registered	agent and/or of	fice:	ALLEAN SECRI	
	Corporatio	n Service Co	mpany	HASP HASP	
·	Name 1201 Hays Street		SEE P		
·	Florida street addre			FILED OB JAN 25 PH 4: 52 SECRETARY OF SIATE TALLAHASSEE, FLORIT	
	Tallahassee	FL	32301		
	City,	State and Zip		,	
If the limited liability com confirmed that after the ch and the business office of liability company, it is her of the members of the lim or the operating agreemen	ange or changes are	made, the Flori	da street address o	of the registered office	
(Signature of a member or authorit	zed representative of a men	iber)			
BOHARD C.	VILARBU				
(Printed or typed name of signee)					
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 registered s of all statutes relate l accept the obligation his document is being that-the-limited-liabi	agent and agre ive to the prope ons of my positi g filed to merely lity-company ho	e to act in this cap r and complete pe on as registered a v reflect a change as 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	
. 3/4 - /					

(Signature of Registered Agent) Sylvia Queppet, Asst. VP

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

FILING FEE: \$25.00