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* Not admitted in Maryland

WRITER'S DIRECT NUMBER IS (301) 951-1500

March 8, 2005

Florida Division of Corporations Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

Re: Coakley Cane Company, LLC; Our File No. 20764.1

Liberty Technologies Unlimited, Inc.; Our File No. 20738.2

Ladies/Gentlemen:

Please file the enclosed Statement of Change of Registered Office/Agent for the above entities as soon as possible. Our checks in the amount of \$35 each are enclosed for the filing fees. The acknowledgment should be returned directly to me.

Please give me a call if you have any questions.

Sincerely yours,

Polly S. Sampson Corporate Paralegal

PSS/aks Enclosures

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.

	3			
1. The name of the limite	d liability company is:	COAKLEY CANE COMP.	ANY, LLC	
2. The mailing address of	the limited liability con	npany is :		
4309 BRYNWOOD DR	RIVE, NAPLES, FLOR	IDA 34119		
01/14/05 L050		L0500000467	00004670	
3. Date of filing/registration in Florida		4. Document nu	4. Document number	
5. The name of the registe Florida Department of S	State: ROBERT G. POZGA	Name	on the records of the	
-	MALABAR, FLORID	Address	2005)	
6. The name and address of the new registered agent and/or office:				
	ROBERT G. POZGA	AR		
	4309 BRYNWOOD I	ame DRIVE (P.O. Box NOT acceptable)	2005 HAR 11 AT 10: 58 SECREDARY SEED OF THE PARTY OF THE	
	NAPLES,	FL 34119		
	City, Sta	ate and Zip		
and Gunnard that after the able	nange or changes are mathe registered agent will be confirmed that the condition of the limited liability confirmed liability confirmed liability confirmed liability confirmed liability confirmed liability confirmed liability confirmed.	nder the laws of the State of lade, the Florida street address be identical. Or, in the case change(s) was/were authorizes otherwise provided in the ampany.	of the manietemed office	
ROBERT G. POZGAR				
(Printed or typed name of signee)				
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 (Signature of Registered Agent)	ntment as registered ages of all statutes relative discept the obligations his document is being fill that the limited liability	ent and agree to act in this co to the proper and complete p of my position as registered led to merely reflect a chang company has been notified i	spacity. I further agree to erformance of my duties, agent as provided for in e in the registered office n writing of this change.	

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

INHS18(10/99)

FILING FEE: \$25.00