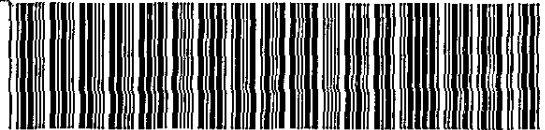


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2005 MAY 25 P 2:09

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Michael L. Crofts, P.A.
Attorney At Law
453 Twisting Pine Circle
Longwood, FL 32779



400054896344

(Address)

(City/State/Zip/Phone #)

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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.

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1. The name of the limited liability company is: Arthur Properties, LLC
2. The mailing address of the limited liability company is : 1513 Fox Glen Drive, Winter Springs,
FL 32708

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3. Date of filing/registration in Florida 5/5/05
4. Document number L05000044300

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

H. J. Arthur II
Name
1513 Fox Glen Drive
Address
Winter Springs, FL 32708
City, State and Zip

6. The name and address of the new registered agent and/or office:

Michael L. Crofts, P. A.
Name
453 Twisting Pine Circle
Florida street address (P.O. Box NOT acceptable)
Longwood, FL 32779
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.

H. J. Arthur II
(Signature of a member or authorized representative of a member)

H. J. Arthur II
(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.

Michael L. Crofts
(Signature of Registered Agent)

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