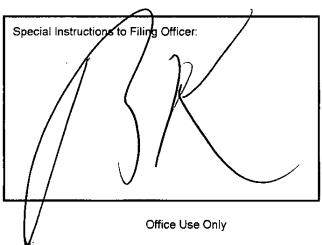
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PORATION SERVICE COMPANY ACCOUNT NO. : 07210000032 REFERENCE: 897286 4302848 AUTHORIZATION COST LIMIT ORDER DATE: May 14, 2007 ORDER TIME : 1:21 PM ORDER NO. : 897286-020 CUSTOMER NO: 4302848 CHANGE OF AGENT NAME: MAGIC PROPERTIES II LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Kelly Courtney -- EXT# 2916

EXAMINER:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of section liability company submits the follow agent, or both, in the State of Florida	ns 608.416 or 608 508, Flori ing statement in order to char i.	da Statutes, the undersigned limited age its registered office or registered office or registered agents.
1. The name of the limited liability of	ompany is: MAGIC PROPERTIE	alific
2. The mailing address of the limited	l liability company is : c/o Valle	yCrest Companies
24151 Ventura Boulevard, Calabasas, (
hd. 12 200E	1 0500	0068814
July 12, 2005 3. Date of filing/registration in Floric		cument number
5. The name of the registered agent as Florida Department of State:		as shown on the records of the
UCC Filin	g & Search Services, Inc.	TASE S
1574 \ (1) 0.0	Name	FO
1574 Villag	ge Square Blvd., Suite 100 Address	——
Tallahassee, FL 32309		77
	City, State and Zip	332
6. The name and address of the new re	egistered agent and/or office:	me me
Cornoratio	n Contina Company	Ceptable)
Corporation Service Company Name		 3 <u>1</u>
1201 Hays		<u> </u>
Florida str	eet address (P.O. Box NOT ac	ceptable)
Tallahasse	е гј 32301	
Annual and the Add Toping purposes and the Add Toping purp	City, State and Zip	——————————————————————————————————————
If the limited liability company is not confirmed that after the change or cha and the business office of the registere liability company, it is hereby confirm of the members of the limited liability or the operating agreement of the limit (Signiture of a member or authorized representation	nges are made, the Florida street agent will be identical. Or, is led that the change(s) was/were company or as otherwise proving liability company.	state of Florida, it is hereby at address of the registered office in the case of a Florida limited authorized by an affirmative vote ided in the articles of organization
Stuart Sperber		
(Printed or typed name of signee)		
	gistered agent and agree to act les relative to the proper and ob obligations of my position as re t is being filed to hierely reflect to bount hebynpany has been it. V. Pres.	in this capacity. I further agree to implete per formance of my duties, gustered agent as provided for in a change in the registered office notified in writing of this change.
(Signature of Registered Agent) Division of Corpora	ations, P.O. Box 6327, Tallah FILING FEE: \$25.00	assee, FL 32314
/INHS18 (8/05)		
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