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SECRETARY OF STATE ATALLAHASSEE. FLORIDA

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	JECT:CA	ZENOVIA LLC		
	Name of Limi	ted Liability Company		
Dear	Sir or Madam:			
The e	nclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.		
Please	e return all correspondence concerning this	matter to the following:		
	CYNTHIA Z. JORGENSEN Name of Person			
	QUARLES & BRADY LLP Firm/Company			
	411 E. WISCONSIN AVENUE, SUITE Address	2040		
	MILWAUKEE, WI 53202 City/State and Zip Code			
E	CYNTHIA.JORGENSEN@QUARLESmail address: (to be used for future annual report notific	COM ation)		
For further information concerning this matter, please call:				
	CYNTHIA JORGENSEN at	(414) 277-5191 Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
	Enclosed is a check for the following amount:			
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy		

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.

Name of the limited liability company:	CAZENOVIA LLC		
2. (a) Principal office address of limited liability company	6556 RIDGEWOOD DRIVE		
(Note: MUST BE STREET ADDRESS)	NAPLES, FL 34108		
(b) Mailing address of limited liability company:	6556 RIDGEWOOD DRIVE		
(Note: MAY BE POST OFFICE BOX)	NAPLES, FL 34108		
9/15/2005	L05000090949		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
Registered Agent:	NAPLES-LAWDOCK, INC.		
Registered Office Address:	1395 PANTHER LANE, SUITE 300 NAPLES, FL 34109		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV NEW Registered Agent</u> : <u>NEW Registered Office Address:</u>	DANIEL T. ACCORDINO 6556 RIDGEWOOD DRIVE		
(MUST BE FLORIDA STREET ADDRESS)	NAPLES ,FL34108		
If the limited liability company is not organized under the long confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company Signature of a member or authorized representative of a member LUCINDA R. ACCORDINO, MEMBER Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the production of the production	aws of the State of Florida, it is hereby orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an adjurnative vote wise provided in the articles of organization		
Signature of Registered Agent			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00