## L06000 115758

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(B	usiness Entity Nami	e)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	o Filing Officer:	
	Office Use Only	,



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FILED RECEIVED

O7 JUN 29 PM 2: 30 O7 JUN 29 AM II: 02



	ACCOUNT NO.	: 0721000000	)32	_
	REFERENCE	: 971730	4319480	OT JUN 29 P
	AUTHORIZATION	:10		350
	COST LIMIT	Smill of e	nan	SAR P
	June 27, 2007			RY OF STATE
ORDER TIME :	10:12 AM			T.
ORDER NO. :	971730-055			
CUSTOMER NO:	4319480			
CHANGE OF AGENT				
NAME:	MAIDEN PROSPE LLC	CT PLACE EQUIT	ries -	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTII PLAIN	FIED COPY STAMPED COPY			
CONTACT PERSON	N: Doreen Wallac	e EXT# 2928 EXAMINER:	}	

## 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.

and and a second second second second					
1. The name of the limited liability company is: MAIDEN PROSPECT PLACE EQUITIES LLC					
2. The mailing address of the limited liability	company is :				
c/o Time Equities, Inc., 55 Fifth	Avenue, New York, NY 10003				
12/04/2006	L06000115758				
3. Date of filing/registration in Florida	4. Document number				
5. The name of the registered agent and the re Florida Department of State:	gistered office address as shown on the records of the				
National Co	rporate Research Ltd., Inc.				
	Name				
515 I	East Park Avenue -				
	Address .				
	nassee, FL 32301				
Ci	ty, State and Zip				
City, State and Zip  6. The name and address of the new registered agent and/or office:					
Corporat	ion Service Company				
<del>-                                    </del>	Name Havs Street				
1203	Hays Street  Pess (P.O. Box NOT acceptable)				
Florida street addr	ress (P.O. Box NOT acceptable)				
Tallahassee	FL 32301				
City, State and Zip					
confirmed that after the change or changes are and the business office of the registered agent liability company, it is hereby confirmed that t	ed under the laws of the State of Florida, it is hereby made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited the change(s) was/were authorized by an affirmative vote of or as otherwise provided in the articles of organization or company.				
Maureen Cullen, Authorized Person					
(Printed or typed name of signee)					
I hereby accept the appointment as registered comply with the provisions of all statutes related and I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is bein address, I hereby confirm that the limited liab	l agent and agree to act in this capacity. I further agree to live to the proper and complete performance of my duties, ons of my position as registered agent as provided for in og filed to merely reflect a change in the registered office ility company has been notified in writing of this change.				
(Signature of Registered Agont) Sylvia Queppet, A	ogt VP				
A	ADDC. VE				

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

INHS18(10/99)

**FILING FEE: \$25.00**