SIGNATURE:

ELX SENIOR DEVELOPERS, LLC FILED O1 AUG 27 PM 12: 17 3 CROWNED LANE EDINA MN 5508 2. Principal Place of Business 5 OO E DE N AVENUE 5 OO MAIN AVENUE 5 OO E DE N AVENUE 5 OO MAIN A		MENT # L98000		MI (UB	rs)				
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S. Name and Address of Current Registered Agent C. T. CORPORATION SYSTEM 1200 SOUTH PINE SIXAND ROAD PLANTATION FL 33324 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fordia. Signature Signature Signature Signature MARM MORIN	ED/A	JA, MN	EDINA,	EDINA, MN		41-1921059			
Rame C. T. CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL. 33324 City City FL. Zip Code ADDITIONS/CHANGES SIGNATURE SIGNATURE Signature, rised or prived in this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By September 26, 2001 9. MANAGING MEMBERS/MANAGERS ITILE MARY ABDITIONS/CHANGES STRETADORSS STRETADORSS STRETADORSS COTY-51-2P FOXCELSIOR MN \$5436 CT-51-2P TILE MARK MARK MARK MARK MORN MORN	554°	36 USA	55736				Fee Require		
Street Address (P.O. Box Number is Not Acceptable)	-	6. Name and Address of Current I	Registered Agent	Name	7. Nan	ne and Address of New Reg	stered Agent		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, hypoid or privated name of registered agent and site of equilibration (NOTE: Registered Agent signature required when recrustring) DATE			Street Address (P.O. Box Number is Not Acceptable)						
R. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Spraint, hypord or presed name of registered agent and its if a spoiluses (NOTE, Registered Agent agent signature required when remaining) DATE	PL	ANTATION FL 33324							
SIGNATURE Signature, hyped or presed name of registered agent and title it equilibrates (NOTE Registered Agent signature required when remainted) DATE				City			FL Zip Coo	de	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the	11. I hereby ce	ertify that the information supplied with t	his filing does not qualify for	the evernation at	ted in Section 119.	07(3)(i), Florida Statutes. I furt	her certify that the in	formation	

8/15/01 952-929-8379