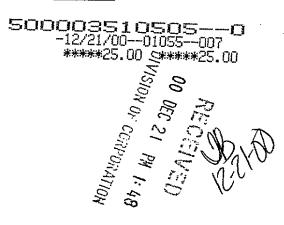
CT CORPORATION CORPORATION(S) NAME	LIGODO	DUR	5	
Pelican Hotel L.L.C.			****	
				_
() Profit () Nonprofit	() Amendment	() Merger		
() Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark		. . .
() Limited Partnership () LLC	() Annual Report () Name Registration () Fictitious Name	() Other ★ Change of RA () UCC	<u> </u>	
() Certified Copy	() Photocopies	() CUS		
() Call When Ready (x) Walk In () Mail Out	() Call If Problem () Will Wait	() After 4:30 (x) Pick Up	DEC 21	APPR
Name Availability	12/21/00	Order#: 2263204	PH 3: 05 FE, FLORID	TEN ROYLL
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Verifier W.P. Verifier		Amount: \$		

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615



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

333 Earle Ovington Drive, Suite 1030, U	Iniondale NY 11553			
August 31, 1999		L99000002288		
3. Date of filing/registration in Flo	orida	4. Document number		
5. The name of the registered agent Florida Department of State: Brian Taj	t and the registered of		e records of the	
	Name			•
<u>201 S. Bi</u>	iscayne BLVD., 26th Floo Addres		* · · · · · · · · · · · · · · · · · · ·	
Miami, F		3	*****	
<u></u>	City, State a	nd Zip		-
6. The name and address of the nev	d/or office:	DEC 21 CRETAR LAHASS		
C T Corpo	oration System		H~	me
	Name		T = 3	\supset
**************************************	h Pine Island Road		0.15 1.53	
Florida	a street address (P.O.)	Box NOT acceptable)	OS PRIDA	
Plantation	n FL 3	3324		_
	City, State and	d Zip		
If the limited liability company is reconfirmed that after the change or and the business office of the regis liability company, it is hereby confithe members of the limited liability	changes are made, the stered agent will be id firmed that the change	e Florida street address of th entical. Or, in the case of a e(s) was/were authorized by	e registered office Florida limited an affirmative vote of	?

(Signature of a member or authorized representative of a member)

SHARON ROTH

(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.

CT CORPORATION SYSTEM

CONNIE BRYAN

(Signature of Registered Agent)

SPECIAL ASSISTANT SECRETARY

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

INH\$18(10/99)

FILING FEE: \$25.00