

MARY KAY STACEY

DIRECT DIAL 616/336-6755 E-MAIL mkstacey@vrsh.com

December 22, 2000

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

Re:

SR Properties, LLC, L9900000829

Dear Sir or Madam:

Attached is an original Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company, a copy and a check in the amount of \$25.00 for the filing fee. Please file the original and return a stamped copy in the envelope provided. If you have any question, please feel free to call me at (616) 336-6755.

Sincerely,

VARNUM, RIDDERING, SCHMIDT & HOWLETT LLP

Mary Kay Stacy

Mary Kay Stacey

jjf Enclosures OODEC 27 PH 3: 33
SECRETARY OF STATE

::ODMA\PCDOCS\GRR\517806\1

## 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.

2. The mailing address of the limited liability company is: 390 St. Lucie Blvd.  Ft. Pierce, FL 34946  11/30/99  3. Date of filing/registration in Florida  5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:  CorpDirect Agents Name  103 N. Meridian St., Lower Level Address  Tallahassee, FL 32301 City, State and Zip  6. The name and address of the new registered agent and/or office:  Thomas B. Slikkers Name  390 St. Lucie Blvd. Florida street address (P.O. Box NOT acceptable)
11/30/99 3. Date of filing/registration in Florida 4. Document number  5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:   CorpDirect Agents Name  103 N. Meridian St., Lower Level Address  Tallahassee, FL 32301 City, State and Zip  6. The name and address of the new registered agent and/or office:  Thomas B. Slikkers Name 390 St. Lucie Blvd.
3. Date of filing/registration in Florida  4. Document number  5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:   CorpDirect Agents Name  103 N. Meridian St., Lower Level Address  Tallahassee, FL 32301 City, State and Zip  6. The name and address of the new registered agent and/or office:  Thomas B. Slikkers Name  390 St. Lucie Blvd.
Florida Department of State:  CorpDirect Agents Name  103 N. Meridian St., Lower Level Address  Tallahassee, FL 32301 City, State and Zip  6. The name and address of the new registered agent and/or office:  Thomas B. Slikkers Name 390 St. Lucie Blvd.
Name  103 N. Meridian St., Lower Level Address  Tallahassee, FL 32301 City, State and Zip  6. The name and address of the new registered agent and/or office:  Thomas B. Slikkers Name 390 St. Lucie Blvd.
Florida street address (P.O. Box NOT acceptable)
<b>7</b>
Ft. Pierce. FL 34946  City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.
(Signature of a member or authorized representative of a member)
Thomas B. Slikkers, Member (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.
(Signature of Registered Agent)

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

INH\$18(10/99)

**FILING FEE: \$25.00**