L99000008413

CORPORATION(S) NAME

_____

_____

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_____

Passim, L.L.C. _____

_____ 600005024276---1
                                                  -02/27/02--01052--028
_____ *****30.00 *****30.00

_____

( ) Profit	( ) Amendment	( ) Merger
( ) Nonprofit		
( ) Foreign	( ) Dissolution/Withdrawal	( ) Mark
	( ) Reinstatement	
( ) Limited Partnership	( ) Annual Report	( ) Other
( ) LLC	( ) Name Registration	(X) Change of RA
	( ) Fictitious Name	( ) UCC
( ) Certified Copy	( ) Photocopies	(X) CUS
( ) Call When Ready	( ) Call If Problem	( ) After 4:30
(x) Walk In	( ) Will Wait	(x) Pick Up
( ) Mail Out		

Name
Availability _____
Document
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

2/27/02

Order#: 5151358

Ref#: _____

Amount: $ _____

2-28-02

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

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

February 27, 2002

CT CORPORATION SYSTEM

,

SUBJECT: PASSIM, L.L.C.
Ref. Number: L99000008413

We have received your document for PASSIM, L.L.C. and your check(s) totaling $30.00. However, the enclosed document has not been filed and is being returned for the following:

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley
Document Specialist   Letter Number: 302A00012081

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 FEB 27 AM 8: 35
APPROVED
AND
FILED

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.

1. The name of the limited liability company is: ___Passim, L.L.C.___

2. The mailing address of the limited liability company is : ___8889 Pelican Bay Blvd, Suite 402___

___Naples, FL 34108___

___12/3/99___
3. Date of filing/registration in Florida

___L99000008413___
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:

Hamilton Manageemnt Services, Inc.
_____
Name
8889 Pelican Bay Blvd., Suite 402
_____
Address
Naples, FL 34108
_____
City, State and Zip

6. The name and address of the new registered agent and/or office: F020000010

The von Liebig Office, Inc.
_____
Name
8889 Pelican Bay Blvd., Suite 403
_____
Florida street address (P.O. Box **NOT** acceptable)

Naples,   FL   34108
_____
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)

Linda A. Hamilton, Manager
_____
(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.
The von Liebig Office, Inc.
_____
(Signature of Registered Agent)
By: Linda A. Hamilton, President

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

INHS18(10/99)

FILING FEE: $25.00

FL015- 9/27/99 C T System Online