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DOBSON & BROWN, P.A.

ATTORNEYS AT LAW

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L99-9084

November 30, 2000

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

Re: Makarios, L.L.C.

Dear Reader:

Please find enclosed a Change of Registered Agent form for the above-named company. Also enclosed is our firm's check in the amount of \$25.00 to cover recording fees. Please call with any questions or comments you may have.

Sincerely,

Shelley R D Stover

Secretary to Ronald W. Brown

/srs enclosures

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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: __Makarios, L.L.C. 2. The mailing address of the limited liability company is: 5366 5th Street, St. Augustine, Florida 32080 12/22/1999 L99000009086 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: Dobson & Brown, P.A. Name 66 Cuna Street, Suite A Address St. augustine, Florida 32084 City, State and Zip 6. The name and address of the new registered agent and/or office: Ronald W. Brown, Esquire Name 66 Cuna Street, Suite A

St. Augustine, FL 32084 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.

Florida street address (P.O. Box NOT acceptable)

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

Joan M. Brush, Authorized 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.

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

INHS18(10/99)

FILING FEE: \$25.00