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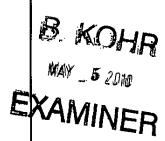
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SECRETARY OF SIALE BIVISION OF GORPORATIONS



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X	РНОТОСОРУ
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凶	FILING Change of B.D.
-	Advanced Horizons V, L.L.C. (CORPORATE NAME AND DOCUMENT #) (CORPORATE NAME AND DOCUMENT #)
_	(CORPORATE NAME AND DOCUMENT #)
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-	(CORPORATE NAME AND DOCUMENT #)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of liability company submits the agent, or both, in the State of I	f sections 608.416 or 608.508, Florida Statutes, the undersigned limited following statement in order to change its registered office or registered Florida. Advanced Horizons V. L.L.C.
1. The name of the limited lia	bility company is: Advanced Horizons V, L.L.C.
	limited liability company is: 185 Fairfield Ave.
Suite 4C West caldwell, N.	J 07006
1/11/2000	M0000000098
3. Date of filing/registration in	n Florida 4. Document number
Florida Department of State	agent and the registered office address as shown on the records of the :: bland, Douglas C ~ Bricklemyer Smolker & E
	Name 0 E Kennedy Blvd Ste. 200
Ta	Address mpa, FL 33602 City, State and Zip
6. The name and address of the	e new registered agent and/or office:
Co	prporate Access, Inc.
236	6 East 6th Ave
Flo	orida street address (P.O. Box NOT acceptable)
Tal	llahassee _{FL} 32303
	City, State and Zip
confirmed that after the change and the business office of the reliability company, it is hereby	DO OR WEVER
John A O'Dea, VP of mana	
(Printed or typed name of signee)	
I hereby accept the appointme comply with the provisions of and I am familiar with and acc Chapter 608, F.S. Or, if this address, I hereby confirm that	ent as registered agent and agree to act in this capacity. I further agree to all statutes relative to the proper and complete performance of my auties, cept the obligations of my position as registered agent as provided for in locument is being filed to merely reflect a change in the registered office the limited liability company has been notified in writing of this change.
(Signature of Registered Agent)	Commentions D.O. Day (227 Tallaharras ET 22214

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

INHS18(10/99) FILING FEE: \$25.00