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DIVISION OF LURE CRAFTON





ACCOUNT NO. : 072100000032

394570

REFERENCE :

7412037

AUTHORIZATION

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latricia lym

COST LIMIT : \$ 25.00

ORDER DATE: January 13, 2004

ORDER TIME : 11:41 AM

ORDER NO. : 394570-430

CUSTOMER NO: 7412037

CUSTOMER: Ms. Sheri Clarke

Coast Asset Management L.p.

Suite 100, East Tower 2450 Colorado Avenue Santa Monica, CA 90404

CHANGE OF AGENT

NAME: OLYM

OLYMPIC ASSET MANAGEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

L.L.C.

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon

## 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: OLYMPIC ASSET MANAGMENT L.L.C.
2. The mailing address of the limited liability company is:
2450 Colorado Ave., Suite 100, Santa Monica, CA 90404
May 19, 2000 M0000000963
3. Date of filing/registration in Florida 4. Document number 2
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Nome
1200 South Pine Island Road Address
Address
Plantation, FL 33324
City, State and Zip
6. The name and address of the new registered agent and/or office:
Corporation Service Company
Name
1201 Hays Street
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32301
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)
Blanca Lozada, Attorney in Fact (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) Jacqueline M. Giles, Asst. Vice Pres.  Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18(10/99)

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C T Corporation System	
Name FS 2	
1200 South Pine Island Road	
Address E T	
7. Addition of 22224	
Address Plantation, FL 33324 City, State and Zip	
6. The name and address of the new registered agent and/or office:	
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Corporation Service Company	
Name	
1201 Hays Street	
Florida street address (P.O. Box NOT acceptable)	
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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314	

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