- M00000000965

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Certified Copies	_ Certificates	s of Status
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200024791432



ACCOUNT NO. : 072100000032

REFERENCE : 394570

7412037

COST LIMIT : \$ 25.00

ORDER DATE: January 13, 2004

ORDER TIME : 11:29 AM

ORDER NO. : 394570-350

CUSTOMER NO: 7412037

CUSTOMER: Ms. Sheri Clarke

Coast Asset Management L.p.

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

AUTHORIZATION

CHANGE OF AGENT

NAME: DEWEY ASSET MANAGEMENT L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

NEXT 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: DEWEY ASS	ET MANAGMENT L.L.C.	
2. The mailing address of the limited liability company is: _		
2450 Colorado Ave., Suite 100, Santa Monica, C.	A 90404	
May 19, 2000	M0000000965 75 6	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registered office a Florida Department of State:		
C T Corporation Sy	nd Road FLORIDA	
Name	95 ·	
1200 South Pine Islam	id Road	
Address		
Plantation, FL 33.		
City, State and Zip	,	
6. The name and address of the new registered agent and/or of	ffice:	
Corporation Service C	company	
Name		
1201 Hays Street		
Florida street address (P.O. Box N	NOT acceptable)	
Tallahassee FL	32301	
City, State and Zip		
If the limited liability company is not organized under the law confirmed that after the change or changes are made, the Floriand the business office of the registered agent will be identical liability company, it is hereby confirmed that the change(s) with the members of the limited liability company or as otherwise the operating agreement of the limited liability company.	ida street address of the registered office 1. Or, in the case of a Florida limited as/were authorized by an affirmative vote of	
(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 agrecomply with the provisions of all statutes relative to the proper and I am familiar with and accept the obligations of my position Chapten 608, F.S. Or, if this document is being filed to merel address. I hereby confirm that the limited liability company his	ee to act in this capacity. I further agree to er and complete performance of my duties, ion as registered agent as provided for in y reflect a change in the registered office as been notified in writing of this change.	
(Signature of Registered Agent) Jacqueline M. Giles, Asst. Vi	ce Pres.	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314		

FILING FEE: \$25.00

INHS18(10/99)