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	augstar's Name		
(Requestor's Name)			
(Ac	ldress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phon	e #)	
	-	_	
☐ PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
(Do	cument Number)	•	
Certified Copies	Certificates	s of Status	
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Special Instructions to Filing Officer:			
<u></u>			





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04 JAN 20 PH 2:3 SECHETALY OF STATE ALLAHASSEE FLORID.

FILED

O4 JAN 20 AM 8-35



ACCOUNT NO. : 072100000032

REFERENCE :

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE: January 13, 2004

ORDER TIME: 11:31 AM

ORDER NO. : 394570-360

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: EUCLID ASSET MANAGEMENT L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY ____ 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:	EUCLID ASSET MANAGMENT	L.L.C.	
2. The mailing add	ress of the limited liability cor	npany is :		
2450 Colorado	Ave., Suite 100, Santa	Monica, CA 90404		
	· · · · · · · · · · · · · · · · · · ·		-	
May 19, 2000		<u>M0000000966</u>		
3. Date of filing/re	gistration in Florida	4. Document nur	mber 2	
5. The name of the Florida Departme	registered agent and the regist ent of State:	ered office address as shown	on the records of the	
•	C T Corp	oration System	Mi D M	
		Name		
	1200 South	Pine Island Road	F- 2	
		Address	٠	
	Plantat:	ion, FL 33324		
	City,	State and Zip	-	
6. The name and ad	dress of the new registered ag	ent and/or office:	FIL 04 JAN 20 SECRETARY TALLAHASSI	
	Corporation	Service Company		
		Vame	FILED MN 20 PM EIARY OF S WHASSEE, FI	
		ays Street	SEE O M	
	Florida street address	(P.O. Box NOT acceptable)	2 Z U	
		•	103 S	
	Tallahassee	FL 32301	2 BH 3	
	City, St	ate and Zip		
confirmed that after and the business of liability company, i the members of the the operating agree	ty company is not organized up the change or changes are made it is hereby confirmed that the limited liability company or a ment of the limited liability company or a member of a member of the limited liability company or a member of a member of a member of the change of a member of the change of the cha	ade, the Florida street address I be identical. Or, in the case change(s) was/were authorize so therwise provided in the ampany.	of the registered office of a Florida limited ed by an affirmative vote of	
Blanca Lozada, i	Attorney in Fact f signee)			
I hereby accept the comply with the pro and I am familiar w Chapter 608, F.S. address, I hereby co	e appointment as registered ag sylsions of all statutes relative with and accept the obligations Or, if this document is being fi onfirm that the limited liability	ent and agree to act in this co to the proper and complete p of my position as registered iled to merely reflect a chang y company has been notified i	apacity. I further agree to performance of my duties, agent as provided for in e in the registered office in writing of this change.	
1 acall	Deno, M. all	1	_	
(Signature of Registered Agent) Jacqueline M. Giles, Asst. Vice Pres.				
U	Division of Corporations, P.C	•	<i>□</i> 32314	
INHS18(10/99)	FILIN	G FEE: \$25.00		

INHS18(10/99)