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2005 JAN 31 P 3: 22
SECRETARY OF STATE
ALLAHASSEE, FIRSTER



January 26, 2005

FLORIDA SECRETARY OF STATE Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Attn: Corporate Filing Dept.

Re: KR PENSACOLA MANAGER LLC

Dear Filing Officer:

Enclosed please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations, for the above referenced name, which is to be filed in your office. Also enclosed is check #8070 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions, please contact x123 at 800-345-4647.

Thank you,

Delanie Case

Registered Agent Services

**Enclosures** 

PO BOX 1831 AUSTIN, TX 78767

## 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:	KR PENSACOLA MAN	IAGER LLC
2. The mailing address of the limited liability cor	npany is :	
580 West Germantown Pike, Plymout	Meeting, PA 19462	
6/5/00	M0000000	1084
3. Date of filing/registration in Florida	4. Document nur	
5. The name of the registered agent and the register Florida Department of State:	ered office address as shown	on the records of the
<u>CT Corporate Sys</u>	tems	•
660 East Jefferson	Name Street	
Tallahassee, FL	Address 32301	Ā.
City, S	State and Zip	, C.C.) 5005
6. The name and address of the new registered ag	ent and/or office:	FIL JAN 31
Capitol Corporate S	ervices, Inc.	YAN SSE
N 1333 North Duval	ame St	The D
	(P.O. Box NOT acceptable)	9 3 2 3 2 3 2 3 2 3 3 2 3 3 3 3 3 3 3 3
Tallahassee	FL 32303	w
City, St	ate and Zip	
If the limited liability company is not organized us confirmed that after the change or changes are made and the business office of the registered agent will liability company, it is hereby confirmed that the office members of the limited liability company or as the operating agreement of the limited liability confirmed.	de, the Florida street address be identical. Or, in the case change(s) was/were authorize otherwise provided in the armpany.	of the registered office of a Florida limited
(Signature of a member or authorized epresentative of a member)		
George S. Demoth Vece President (Printed or typed name of signee)	<del></del>	
I hereby accept the appointment as registered age comply with the provisions of all statutes relative and I am familiar with and accept the obligations Chapter 608, F.S. Or, if this document is being fix address, I hereby confirm that the limited liability Lawre as Delanie Case, Asst. S (Signature of Registered Agent)	ent and agree to act in this ca to the proper and complete p of my position as registered of led to merely reflect a change company has been notified in ec.	pacity. I further agree to erformance of my duties, agent as provided for in In the registered office writing of this change.

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

INHS18(10/99)

FILING FEE: \$25.00