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PICK-UP		WAIT	MAIL.
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Certified Copies	_ c	ertificates of	Status
Special Instructions to	Filing O	fficer:	
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January 26, 2005

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

Attn: Corporate Filing Dept.

Re: KR PENSACOLA 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 affice. Also enclosed is check #8069 in the amount of \$25.00 for the filing fee. Afficiling please return the file-stamped copy in the enclosed self-addressed enveloped by your 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.

agent, or both, in the state of Fiorial.		
1. The name of the limited liability company is:	KR PENSACOLA LLC	
2. The mailing address of the limited liability con	npany is :	- <u></u>
580 West Germantown Pike, Plymouth	Meeting, PA 19462	
6/19/00	M0000000	1194
3. Date of filing/registration in Florida	4. Document nur	mber
5. The name of the registered agent and the register Florida Department of State:	ered office address as shown of	on the records of the
CT Corporate Sys		
	Name	
660 East Jefferson		,
Tallahassee, FL 3	Address	
· · · · · · · · · · · · · · · · · · ·	tate and Zip	. 4
•	-	200 SE(
6. The name and address of the new registered age	ent and/or office:	AR J
Capitol Corporate S	ervices, Inc.	FIL 2005 JAN 31 ECRETARY LLAHASSE
	ame	
1333 North Duval S		THE U
Florida street address	(P.O. Box NOT acceptable)	Si w
Tallahassee	FL 32303	5 3 3
	ite and Zip	~
If the limited liability company is not organized ur 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 continued that the confirmed tha	de, the Florida street address of be identical. Or, in the case hange(s) was/were authorized otherwise provided in the ampany.	of the registered office
(Signature of a member or authorized representative of a member)		
George S. Dewith Vice Passent of FR Pe (Printed or typed name of signee)	usacola Manuscen LLC, manus	ing member
I hereby accept the appointment as registered age comply with the provisions of all statutes relative to and I am familiar with and accept the obligations Chapter 608, F.S. Or, if this document is being file and ress. I hereby confirm that the limited liability Delanie Case, Asst. Se (Signature of Registered Agent)	nt and agree to act in this cap to the proper and complete pe of my position as registered a ed to merely reflect a change company has been notified in oc.	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**