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ACCOUNT NO. : 07210000032

REFERENCE :

900444

AUTHORIZATION

COST LIMIT

\$ 25.00

ORDER DATE: September 24, 2004

ORDER TIME : 1:24 PM

ORDER NO. : 900444-095

CUSTOMER NO: 5168766

CUSTOMER: Ms. Lisa Schwartz.

Greystone & Co., Inc.

60th Floor

152 West 57th Street New York, NY 10019

CHANGE OF AGENT

NAME: HERITAGE NH, L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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CONTACT PERSON: Troy Todd

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Parsuant 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	d liability compan	y is: <u>Heritage NH</u>	I. L.L.C.		
2. The mailing address of	the limited liabili	ty company is: <u>c/</u>	o Greystone & Co	o., Inc.	
152 West 57 th Stre	et, 60 th Floor, New	y York, NY 1001	9		
07/07/00			M00000001349		
3. Date of filing/registration in Florida		4. Document number			
5. The name of the registe Florida Department of	-	registered office a	address as shown	on the records of the	
6. The name and address o	1200 PI C of the new register Corp	Corporation System Name South Pine Island Address antation, FL 3332 City, State and Zip red agent and/or of oration Service Containe 1201 Hays Street dress (P.O. Box North El.	Road 24 ffice: company t OT acceptable)	OF OCT - 1 M 8: 08 TALLAHASSEE, FLORIDA	
•		Eity, State and Zip	32301	-· · ·	
If the limited liability componfirmed that after the cland the business office of liability company, it is here the members of the limited the operating agreement of the limited that the component of the limited the operating agreement of signature of a member of the limited that the limited th	pany is not organiange or changes a the registered age eby confirmed that I liability compan f the limited liabil	ized under the law are made, the Flor nt will be identica at the change(s) w y or as otherwise ity company.	ys of the State of I ida street address I. Or, in the case as/were authorize provided in the ar	Florida, it is hereby of the registered office of a Florida limited d by an affirmative vote of ticles of organization or	
David Witt, Authorized P					
(Printed or typed name of	o ,				
I hereby accept the appoint the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm	s of all statutes rei d accept the obliga is document is be	ations of my positi ing filed to merely	r ana complete pa ion as registered a reflect a change	erjormance of my auties, agent as provided for in in the registered office	
Signature of Registered A	(gent)				
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314					

INHS18(10/99)

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