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HONEY CONTRACTOR



ACCOUNT NO. : 072100000032

REFERENCE: 900444__

5168766

AUTHORIZATION :

COST LIMIT :

ORDER DATE: September 24, 2004

ORDER TIME : 9:07 AM

ORDER NO. : 900444-350

CUSTOMER NO: 5168766

CUSTOMER: Ms. Lisa Schwartz.

Greystone & Co., Inc.

60th Floor

152 West 57th Street New York, NY 10019

CHANGE OF AGENT

NAME: ROCKLEDGE NH, L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX _ _ PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

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 l	liability company is: <u>Rockled</u>	ge NH, L.L.C.	
2. The mailing address of th	he limited liability company is:	c/o Greystone & Co	., Inc.
152 West 57 th Street.	, 60th Floor, New York, NY_10	0019	
07/07/00		M0000001357	
3. Date of filing/registration	ı in Florida	4. Document number	
5. The name of the registere Florida Department of St	ed agent and the registered offi	ce address as shown	on the records of the
	CT Corporation S	ystem	
	Name		5 c
_	1200 South Pine Is	land Road	O4 OCT
	Address		
	Plantation, FL		S
	City, State and	Zip	- M
6. The name and address of	the new registered agent and/	or office:	PH 4: 49 SSEE FLORIE
-	Corporation Servic	e Company	冤
	Name		DE 9
	1201 Hays S		•
F	Florida street address (P.O. Bo	x NOT acceptable)	
_	Tallahassee FL	32301	
	City, State and	•	
the operating agreement of	any is not organized under the inge or changes are made, the line registered agent will be iden by confirmed that the change(s liability company or as otherw the limited liability company.		lorida, it is hereby of the registered office of the registered office of a Florida limited d by an affirmative vote of ticles of organization or
. 3	-	inclinati's	
David Witt, Authorized Per			
(Printed or typed name of si			
comply with the provisions and I am familiar with and	ment as registered agent and a of all statutes relative to the praceept the obligations of my post document is being filed to me hat the limited liability compar	roper and complete pe osition as registered a	erformance of my duties, igent as provided for in
Caulin	- 1/1. (Mult		
(Signature of Registered Ag	gent) of Corporations, P.O. Box 63	377 Tallahassee FI	32314
v 1717151011 v	or corborations, rioi por or	are restricted to the property of the	

FILING FEE: \$25.00

INHS18(10/99)