

HENNESSEY P.C. ATTORNEYS AND COUNSELORS AT LAW

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MJH

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Florida Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

Vela General Partner LLC - Document Number M00000001444

Dear Sirs:

Re:

Enclosed for filing on behalf of the above-referenced entity, please find the original and one copy of a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company. Also enclosed is the company's check in the amount of \$25.00 for the required filing fee. Please file the Statement and return a file stamped copy to me using the enclosed self-addressed, stamped envelope.

Thank you for your assistance with this matter. Please do not hesitate to call me with any questions.

Sincerely,

Elin P. Harrington-Schreiber Paralegal to Robert F. Wilson

Enclosures

cc: Mr. Murali K. Reddy

Mr. James R. Maxwell

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: VELA GENERAL PARTNER LLC.

The mailing address of the limited liability company is:

4 SILVER FIR COURT, LITTLETON

CO 80127-2602

07/24/2000

3. Date of filing/registration in Florida

M00000001444

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CT CORPORATION SYSTEM

Name

1200 SOUTH PINE ISLAND ROAD

Address

PLANTATION, FL 33324

City, State and Zip

6. The name and address of the new registered agent and/or office:

JAMES R. MAXWELL

Name

5733 MYERLAKE CIRCLE

Florida street address (P.O. Box NOT acceptable)

CLEARWATER

GT 33760-2804

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the perating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

MURALI K. REDDY, MANAGER

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

JAMES R. MAXWELL

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

FILING FEE: \$25.00

INHS18(10/99)