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ACCOUNT NO. : 072100000032

REFERENCE :

900444

5168766

OF OF THE POST OF

AUTHORIZATION <:

COST LIMIT

ORDER DATE: September 24, 2004

ORDER TIME : 1:26 PM

ORDER NO. : 900444-125

CUSTOMER NO: 5168766

CUSTOMER: Ms. Lisa Schwartz.

Greystone & Co., Inc.

60th Floor

152 West 57th Street New York, NY 10019

CHANGE OF AGENT

NAME: 3250 SW 41ST PL., L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY _ 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 lia	bility company is: 325	0 SW 41st Pl., L.L.C.		
2. The mailing address of the	limited liability compa	ny is: c/o Grevstone & Co	o Tnc.	
			<u> </u>	
152 West 57 th Street, 6	O ^m Floor, New York, N	NY 10019		
09/01/00		M0000001784		
3. Date of filing/registration in Florida		4. Document nu	4. Document number	
5. The name of the registered Florida Department of Stat	-		on the records of the	
	Na		Eno Z	
		ine Island Road	TIG	
Address Plantation, FL 33324				
	Plantation. City, Stat	——————————————————————————————————————	gm *	
6. The name and address of the	•	-	•	
o. The hame and address of the	•	Service Company		
	Na:			
		ays Street		
Flo		O. Box NOT acceptable)		
	Tallahassee F	L 32301		
	City, Stat	_		
If the limited liability compar confirmed that after the chang and the business office of the liability company, it is hereby the members of the limited lia the operating agreement of th	y is not organized und ge or changes are made registered agent will by confirmed that the chability company or as one limited liability company.	er the laws of the State of, the Florida street address e identical. Or, in the case ange(s) was/were authorize therwise provided in the apany.	Florida, it is hereby s of the registered office of a Florida limited ed by an affirmative vote of rticles of organization or	
(Signature of a member or au	thorized representative	of a member)		
David Witt, Authorized Perso	n			
(Printed or typed name of sig				
I hereby accept the appointm comply with the provisions of and I am familiar with and ac Chapter 608, F.S. Or, if this of address, I hereby confirm tha	ent as registered agent fall statutes relative to reept the obligations of document is being filed t the limited liability co M. All	and agree to act in this ca the proper and complete p my position as registered to merely reflect a change ompany has been notified i	spacity. I further agree to berformance of my duties, agent as provided for in a in the registered office in writing of this change.	
(Signature of Registered Age	nt)			

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

FILING FEE: \$25.00

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