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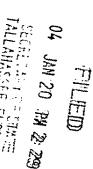
(Re	questor's Name)				
(Address)					
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(Cit	y/State/Zip/Phone	⊋ #)			
PICK-UP	☐ WAIT	MAIL			
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NOLLVADULA CL. CC PLICHALDIN







ACCOUNT NO. : 072100000032

REFERENCE: 394570

7412037

AUTHORIZATION

COST LIMIT :

\$ 25.00

ORDER DATE: January 13, 2004

ORDER TIME: 11:38 AM

ORDER NO. : 394570-390

CUSTOMER NO: 7412037

CUSTOMER: Ms. Sheri Clarke

Coast Asset Management L.p.

Suite 100, East Tower 2450 Colorado Avenue

Santa Monica, CA 90404

CHANGE OF AGENT

NAME: MAIN ASSET MANAGEMENT L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Ellyn Herndon

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 limite	d liability company is:	MAIN ASSET	MANAGMENT L.I	z.C.	
2. The mailing address of	the limited liability co	ompany is:			
2450 Colorado Ave.	, Suite 100, Santa	a Monica, CA	90404		
M 14 0001			***************************************		
May 11, 2001	· · · · · · · · · · · · · · · · · · ·				
3. Date of filing/registrati	on in Florida	4	4. Document num	iber	
5. The name of the register Florida Department of		stered office a	ddress as shown o	n the records of the	
	C T Cor	poration Sys	stem		
		Name			
1200 South Pine Island Road					
Address $\sum_{i=1}^{N} P_{i}$					
Plantation, FL 33324					
City, State and Zip					
6. The name and address of	of the new registered a	gent and/or of	fice:	FILED JAN 20 PM 2: 29 ANIASSEE, FLORIDA	
Corporation Service Company					
		Name		ORIT ?	
	29 PA				
	Florida street addres	s (P.O. Box N	OT acceptable)		
	Tallahassee	FL	32301		
	City, S	State and Zip			
If the limited liability comconfirmed that after the chand the business office of liability company, it is her the members of the limited the operating agreement of the limited that the limited that the limited liability company is sometimes of the limited that the limited liability company is sometimes.	tange or changes are method the registered agent when the confirmed that the disability company or the limited liability confirmed that the limited liability confirmed the li	nade, the Florical be identical change(s) was otherwise prompany.	da street address o	of the registered office	
Blanca Lozada, Attorr (Printed or typed name of signee)	ey in Fact				
I hereby accept the appoint comply with the provision, and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm (Signature of Registered Agent)	A. (G.) (Gacqueline M. Giles	s, Asst. Vic	e Pres		
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314					

FILING FEE: \$25.00