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THE PETERS GP CORPORATION

4056 CERRILLOS ROAD, SUITE F-1, SANTA FE, NM 87507
P.O. BOX 908, SANTA FE, NM, 87504-0908
TEL 505 424-9081 FAX 505 424-1890

August 29, 2003

Division of Corporations Florida Department of State Post Office Box 6327 Tallahassee, Florida 32314

RE: Morgan Walker, LLC

Document Number – M01000002263

Ladies/Gentlemen:

Please find enclosed original and copy of Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company. Also enclosed is our check number 11740 in the amount of \$25.00 to cover your filing fee. Please file the original Statement of Change of Registered Agent, returning a filed-endorsed copy of same to our office in the envelope provided.

Should you have any questions or concerns, please do not hesitate to contact this office.

Very truly yours,

Susan S. Dalluege Legal Assistant alluge

/sd

enclosures
S.\SDallueg\Blue Corn Pecos LLC\fla sos_registered agent change doc

: 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	d liability company is:	Morgan	ı Walker, LLÇ			·
2. The mailing address of	the limited liability cor	mpany is :				
-	h Lake Way, Palm 1		or i da 33480			
October I, 2001			M010000022	63		
3. Date of filing/registrati	on in Florida		4. Document nun	nber		
5. The name of the registe Florida Department of S			address as shown o	on the records	ස	
	624 North Lake	Name		ا استاده استاد استاده استاد ا	SEP	8 8
	Palm Beach, Fl	Address		ANT BE FLORIDA	-2 AM 10:	
6. The name and address of	of the new registered ag	ent and/or o	ffice:	, SE		*****
	Corporation Ser	vice Comp	any any	ÌDA	9	
	N 1201 Hays Street	lame t				
-	Florida street address	(P.O. Box I	NOT acceptable)	• • • •		
	Tallahassee	FL 3230	<u>1</u>			
	City, St	tate and Zip				
If the limited liability com confirmed that after the ch and the business office of liability company, it is her the members of the limited the operating agreement of	ange or changes are ma the registered agent will eby confirmed that the I liability company or a	ade, the Flor ll be identica change(s) w is otherwise	ida street address of il. Or, in the case of as/were authorized	of the register of a Florida li 1 by an affirm	ed offi mited ative v	ote of
(Signature of a member or authori	d representative of a member	r)	•			
Bradley M. Odegard,	. Treasurer of Mem	iber, Gera	ld Peters Gall	lery, Inc.		
(Printed or typed name of signee)				• •		
I hereby accept the appoing the comply with the provisions and I am familiar with and Chapter 608, F.S. Off if the address, I hereby confirm	ntment as registered ag s of all statutes relative l accept the obligations us document is being fi that the limited liability	gent and agre to the prope to my posit lied to mere y company h	ee to act in this ca er and complete pe ion as registered a y reflect a change as been notified in	pacity. I furtherformance of agent as provi in the registed writing of the	ier agi niy di ded fo red of is chai	ree to ities, ir in fice nge.
(Signature of Registered Agent)	Blanca Lozada	, Asst. S	ecretary			

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

FILING FEE: \$25.00

INHS18(10/99)