Jan 18, 2005 8:00 am Secretary of State 2005 LIMITED LIABILITY COMPANY 01-18-2005 90186 012 ****50.00 DOCUMENT # M01000002849 ENN LEASING COMPANY V. L.L.C. 20002639 Principal Place of Business Mailing Address 7700 WOLF RIVER BLVD. 7700 WOLF RIVER BLVD. GERMANTOWN, TN 38138 GERMANTOWN, TN 38138 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 62-1835080 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM. Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee 19 \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR Delete TITLE ☐ Change ☐ Addition MCNEILL SR, PHILLIP H NAME NAME STREET ADDRESS 7700 WOLF RIVER BLVD STREET ADDRESS CITY-SI-ZIP GERMANTOWN, TN CITY-ST-ZIP MGR TITLE ☐ Delete TITLE Change ■ Addition SILVER, HOWARD A NAME NAME STREET ADDRESS 7700 WOLF RIVER BLVD STREET ADDRESS GERMANTOWN, TN CITY-ST-7IP CITY-ST-ZIP MGR DEMPSEY, DONALD H. Mitch Collins MGR TITLE TITLE ☐ Change ☐ Additión NAME NAME STREET ADDRESS 7700 WOLF RIVER BLVD STREET ADDRESS CITY-ST-ZIP GERMANTOWN, TN CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-71P

SNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

le Daytime Phone

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