

To: FL Dept Of State
Subject: 001443.07

From: Tanya Supar

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MO2 000000768

**Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)205-0360

From: Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

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07 JUN 28 AM 8:00

DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

001443.76743.1

REGISTERED AGENT CHANGE

METRA CROSS POOL 2 GP, LLC

Certificate of Status	0
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\$25.00

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To: FL Dept Of State
Subject: 001448.70743

From: Tracy Spear

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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: METRA Cross Pool 2 GP, LLC
2. The mailing address of the limited liability company is : _____
O/O MID ATLANTIC AGENCY, 7700 CONGRESS AVENUE, SUITE 3106, BOCA RATON, FL 33487

03/25/2002

M02000000768

3. Date of filing/registration in Florida

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 S. Pine Island Road

Address

Plantation, FL

City, State and Zip

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

NRAI Services, Inc.

Name

2731 Executive Park Drive, Suite 4

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

WestonFL 33331

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 operating agreement of the limited liability company.

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

Siman Mizrahi, Authorized Person

(Printed or typed name of signer)

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.

NRAI Services, Inc.

[Signature]

(Signature of Registered Agent)

Sabrina Tillapaugh, Asst. Secretary

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

FILING FEE: \$25.00

INHS18 (8/05)

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