

06/29/2007 06:58

850-245-6000

FL DEPT OF STATE

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To: FL Dept Of State
Subject: 001448.70743

From: Tracy Spear

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MO2000000775

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0380

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 JUN 29 AM 8:24

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DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

METRA WESTWOOD GP, LLC

Certificate of Status	0
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Page Count	02
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06/28/2007 4:15:13 PM

Dept Of State
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 Westwood GP, LLC
2. The mailing address of the limited liability company is: C/O MID ATLANTIC AGENCY, 7700 CONGRESS AVENUE, SUITE 3106, BOCA RATON, FL 33487

03/25/2002

M02000000775

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:

GT 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)

Weston

FL 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)

SSimon Mizrahi, Manager
(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

(NHS:8 (R/D5))

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