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NewCo Corporate Services, Inc. 875 Avenue of the Americas U4 JAN -5 PM 1: 24

Suite 501
New York, NY 10001

SECHETARY OF STATE TALLAHASSEE, FLORIDA

Telephone: (212) 356-8340

Internet Address: theresa350@aol.com

Fax: (212) 356-8379

December 30, 2003

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

RE: STRUCTURED RECEIVABLES COMPANY ONE LLC

Dear Sir/Madam:

Enclosed please find Statement of Change of Registered Office or Registered Agent orboth for Limited Liability Company. Please file the attached and return a filed-stamped copy to the attention of the undersigned at the above address.

If there is a problem, please contact the undersigned immediately at the following toll-free number 1-888-336-3926.

Thanking you in advance for your prompt attention to this matter.

Sincerely yours,

Theresa Festa

Senior Corporate Specialist

Check #- 18254 - 8/10.00

Heresa Testa

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

		IED LIABILITY COMPANY	THE REAL PROPERTY AND ADDRESS OF THE PARTY AND		
Pursuant to the provisio liability company submit. agent, or both, in the Stat	ns of sections 608.41 s the following staten e of Florida.	16 or 608.508, Florida Statute nent in order to change its reg	Stherundersigned limited istered office brirdgistered SEUN MANN NOTES		
1. The name of the limite	ed liability company is	Structured Receivables Compa	SEUNE IARY OF STATE HYLONG EE, FLORIDA		
2. The mailing address of	f the limited liability of	company is: 1818 S. Australian A	Avenue, Suite 450		
West Palm Beach, FL 3340	09				
7/31/2002		M02000002000			
3. Date of filing/registrat	ion in Florida	4. Document number			
5. The name of the register Florida Department of		istered office address as shown	on the records of the		
	CT Corporation Syste	m			
		Name			
	1200 South Pine Islan	d Road			
		Address	-		
	Plantation, FL 33324				
	City	y, State and Zip	-		
6. The name and address	of the new registered	agent and/or office:	-		
	NRAI Services, Inc.		_		
Name					
	526 E. Park Avenue				
	Florida street addre	ss (P.O. Box NOT acceptable)			
	Tallahassee	FL 32301			
	City,	State and Zip			
		i under the laws of the State of made, the Florida street address			

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.

· 4 A 8 F /	-		~	-	
1/14/	•	٠			
(Signature of a Inember or authorized representative o	f a men	iber)			
Harold Grossman, Authorized Person					
(Printed or typed name of signee)					

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 of Registered Agent)

By: Delia Taliento, Asst. Sectv.

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

FILING FEE: \$25.00

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant liability co agent, or l	to the ompan both, in	provision v submits v the State	s of section the following of Florida.	s 608.416 ig statemer	or 608.508 nt in order	8, Florida to change	Statutes its regis	the undersig tered office of	ned limited registered
O ,	,								· - 4

uabuuy company submus the jouowing staten	16 or 608.508, Florida Statutes, the undersigned limited nent in order to change its registered office of registered 1:24
1. The name of the limited liability company is	Structured Receivables Company One LEC UF STATE
2. The mailing address of the limited liability of	company is: 1818 S. Australian Avenue, Suite 450
West Palm Beach, FL 33409	
7/31/2002	M02000002000
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the reg Florida Department of State:	istered office address as shown on the records of the
CT Corporation Syste	ر ا دارات استان ا
	Name
1200 South Pine Islan	· · · · · · · · · · · · · · · · · · ·
FI 1 (1 FI 2002)	Address
Plantation, FL 33324	y, State and Zip
•	*
5. The name and address of the new registered	agent and/or office:
NRAI Services, Inc.	
	Name
526 E. Park Avenue	
Florida street addre	ess (P.O. Box NOT acceptable)
Tallahassee	FL 32301
City,	State and Zip
confirmed that after the change or changes are a and the business office of the registered agent very iability company, it is hereby confirmed that the	d under the laws of the State of Florida, it is hereby made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited ne change(s) was/were authorized by an affirmative vote of r as otherwise provided in the articles of organization or company.

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

Harold Grossman, Authorized Person

(Printed or typed name of signee)

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 of Registered Agent)

By: Delia Taliento, Asst. Sectv.
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00