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SECRETARY OF STATE TALLAHASSEE, FLORIDA

March 3, 2004

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

RE: STATEMENT OF CHANGE

Dear Sir/Madam:

Enclosed please find 1 Statement of Change of Registered Agent form along with a check in the amount of \$25.00 for the cost of this filing. If you have any problems or questions regarding this, please contact my office.

Sincerely,

Tracy Hatfield

Registered Agent Specialist

National Corporate Research, Ltd.

/tah

Enclosures

## 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: PWC INVESTMENTS (FLORIDA) LLC

<ol><li>The mailing address of the limited liability c</li><li>Tampa, FL 33607</li></ol>	ompany is: 3109 W. Dr. M.L.King Blvd.
9/24/02	M02000002517
3. Date of filing/registration in Florida	4. Document number
Florida Department of State:	istered office address as shown on the records of the eResearch, Ltd., Inc.
1406 Hays Street,	Name Suite #2
Tallahassee, FL 3	Name Suite #2  Address 32301  V, State and Zip agent and/or office: e Research, Ltd., Inc.
6. The name and address of the new registered a	agent and/or office:
National Corporate	e Research, Ltd., Inc.
103 N. Meridian S	
Florida street addre	ss (P.O. Box NOT acceptable)
Tallahassee	<sub>FL</sub> 32301
City,	State and Zip
confirmed that after the change or changes are r and the business office of the registered agent w liability company, it is hereby confirmed that th	l under the laws of the State of Florida, it is hereby made, the Florida street address of the registered office vill be identical. Or, in the case of a Florida limited to 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 mem	ber)
(Printed or typed name of signee)	
I hereby accept the appointment as registered comply with the provisions of all statutes relative and I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liabil (Signature of Registered Agent)	agent and agree to act in this capacity. I further agree to ve to the proper and complete performance of my duties, as of my position as registered agent as provided for in a filed to merely reflect a change in the registered office ity company has been notified in writing of this change.
	P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18(10/99)