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REGISTERED AGENT CHANGE

HIDDEN VALLEY SPE LLC

Certificate of Status	2
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10/7/03

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 co.	mpany is: Hidden Valley SPE LLC	
2. The mailing address of the limited l	iability company is :	
c/o Hometown America, Attn: T. Coorsh, CF	O, 150 North Wacker Drive, Suite 900, C	Chicago, IL 60606
07/23/2003	M03000002	454
3. Date of filing/registration in Florida	4. Docume	ent number
 The name of the registered agent and Florida Department of State: 	the registered office address as a	hown on the records of the
CORPORATI	ON SERVICE COMPANY Name	
1201 HAYS S	TREET	-t
	Address	
PRAIL TIAT	EE FL 32301-2525	
MEMAZO	City, State and Zip	
6. The name and address of the new rep	· ·	03 OCT -7 PM
CT Corporation	n System	
	Name	<u>—</u> ట్రాట్ ట్రాట్
1200 South Pin	<u> </u>	
	et address (P.O. Box NOT accept	
Plantgijon	FL 33324	
	City, State and Zip	
If the limited liability company is not of confirmed that after the change or chan and the business office of the registered liability company, it is hereby confirme the members of the limited liability contains the operating agreement of the limited liability contains the confirment of the limited liability contains the confirment of the limited liability contains agreement of the limited liability contains the limited liability contains the contains agreement of the limited liability contains the contains	ges are made, the Florida street ad agent will be identical. Or, in the d that the change(s) was/were auth apany or as otherwise provided in iability company.	dress of the registered office case of a Florida limited sorized by an affirmative vote of
Signature of a member or authorized representative fulls Robertson	or a memper)	•
(Printed or typed name of signes)		- **
Thereby accept the appointment as regionally with the provisions of all statute and I am familiar with and accept the o Chapter 608, F.S. Or, if this document address, I hereby confirm that the limits I Corporation System	s relative to the proper and comp bligations of my position as regist is being filed to merely reflect a ci of liability company has been noti	iele perjormance of my duties, ered agent as provided for in hange in the registered officc fied in writing of this change.
Signature of Registere d Agenti	Michael J. Sr Assistant Secre	nith
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314		
NHS18(10/99)	FILING FEE: \$25.00	-,
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