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CORPORATION SERVICE COMPANY			
	ACCOUNT NO.	:	07210000032
	REFERENCE	:	843780 4701718
	AUTHORIZATION	:	843780 4701718
	COST LIMIT	:	\$ 25.00
ORDER DATE :	January 31, 2006		E. T. L. S. OG
ORDER TIME :	9:47 AM		
ORDER NO. :	843780-035		,
CUSTOMER NO:	4701718		

CHANGE OF AGENT

NAME: SCP 2004E-027 LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ____ PLAIN STAMPED COPY

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CONTACT PERSON: Amanda Haddan

EXAMINER'S INITIALS:

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: SCP 2004E-027 LLC

2. The mailing address of the limited liability company is : 501 Madison Avenue, 18th Floor,

New York, NY 10022

January 23, 2004

3. Date of filing/registration in Florida

M0400000337

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:



1201 Hays Street

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

 Tallahassee
 FL
 32301

 City, State and Zip

City, State and Zij

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.

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(Signature of a member or author	ited re	presentative of a member)
Steve Ramrattan	V	X
(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 auties, 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.

(Signature of Registered Agent),

Sylvia Quepper, Asst. Vice President

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (8/05)