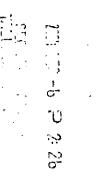
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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.

	- · · · · · · · · · · · · · · · · · · ·				
		Cilantro Fund Manageme			
2. The mailing address of	the limited liability con	mpany is: 1701 Meeting Pl	ace, Bı	uilding	8,
Suite 201, Orlando, Flo					
03-29-04 M0400000118		17			
3. Date of filing/registration in Florida 4. Document num			nber		
5. The name of the registe Florida Department of S	State: Timothy Sykes	ered office address as shown of Name	on the re	ecords	of the
	Orlando, Florida 32	, Building 8, Suite 201 Address 814 State and Zip	S.S.		E .75
6. The name and address of the new registered agent and/or office:					1
	Timothy Sykes			<u>.</u> -	4 - 25
	Name 4249 Centergate Lane, Suite 203			70	. * <u>*</u>
-	Florida street address	(P.O. Box NOT acceptable)	;;	2: 2b	
	,Orlando	FL 32814	·	σ	
	City, St	ate and Zip			
confirmed that after the ch and the business office of liability company, it is her the members of the limited the operating agreement of	ange or changes are ma the registered agent will eby confirmed that the I liability company or a f the limited liability co		of the re	egistere mida lir	ed office mited
(Signature of a member or author)	red representative of a member)			
Timothy Sykes					
(Printed or typed name of signee)		7		* C	
I hereby accept the appoing comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I wereby confirm	ntment as registered ags of all statutes relative as of all statutes relative is decept the obligations his document is being fithat the limited liability	ent and agree to act in this ca to the proper and lete pe of my positi ered of led to me change comments in	pacity. erforma igent as in the r writing	I furth nce of a provide register g of this	er agree to my duties, led for in red office s change.
(Signature of Registered Agent)	\rightarrow				

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

FILING FEE: \$25.00

INHS18(10/99)