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4. BRYAN SEP 2.0 2004

J. BRYAN OCT 1 8 2004



Man College Stranger

531 East Pete Rose Way Suite 400 Cincinnati, Ohio 45202-3578

> telephone (513) **852-8200**

facsimile (513) **852-8222**

1881 Dixie Highway Suite 350 Ft. Wright, Kentucky 41011

> telephone (859) **331-6440**

L. Ramy Cors Paul R. Moran William G, Kohlhepp* Richard J. Valleau Joseph H. Vahlsing* Robert J. Hollingsworth David L. Barth* Michael L. Gav Elizabeth A Horwitz* Jeffrey J. Harmon* Stephen S, Holmes Katharine C. Weber* Hans M. Zimmer Janet L. Houston David J. Schmitt Kevin R. Feazell* Curtis L. Cornett Tracy B. Jamison* Sara Straight Wolf Victor C. Halpin Susan R. Bell Peter A. Draugelis Kenneth H. Kinder, It* R Scott Hughes Joseph S. Burns Matthew A. Whitlow*

Of Counsel:

Kenneth B. Bassett James W. Halloran Stephen A. Kappers John Jay Fossett* D. Lynn Spraetz Michelle A. Mullae James J. Carroll Thomas J. Westerfield Hal F. Franke David P. Heidrich†

Leslie W. Cors

*Also Admitted to Practice in Kentucky

†Admitted to Practice in Kentucky Only September 14, 2004

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

Re: OxyLife Lake City, LLC

Dear Sir or Madam:

Enclosed for filing with your office is the Statement of Change of Registered Office for OxyLife Lake City, LLC, Florida document number M0400002742. Also enclosed is our firm check in the amount of \$35.00 to cover the filing fee.

Please update your records accordingly, and return a file stamped copy of the Statement of Change to me in the enclosed, self-addressed, stamped envelope.

Thank you for your assistance and please feel free to contact me should you have any questions.

Sincerely,

Sheri Freese Gooden

Legal Assistant

enclosures

249385.1



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 20, 2004

SHERI FREESE GOODEN, LEGAL ASST. CORS & BASSETT, LLC 537 EAST PETE ROSE WAY, SUITE 400 CINCINNATI, OH 45202-3578

SUBJECT: OXYLIFE LAKE CITY, LLC

Ref. Number: M0400002742

We have received your document for OXYLIFE LAKE CITY, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Letter Number: 404A00055346

Joey Bryan Document Specialist AMON S CAN COMPANY



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537 East Pete Rose Way Suite 400 Cincinnati, Ohio 45202-3578

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Sincerely,

Sheri Freese Gooden Legal Assistant

249385.2

enclosures

Cors & Bassett, LLC

The

ANNIVERSARY

1929-2004

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 li	ability company is:	OxyLife I	Lake City, LLC		
2. The mailing address of the	mpany is:	pany is : 155 N.W. Enterprise Way, Suite 102			
Lake City, FL 32055					
July 9, 2004			M0400002742		
Date of filing/registration in Florida			4. Document number		
5. The name of the registered Florida Department of Stat Li		ered office	address as shown o	n the records of the	
15	55 N.E. Enterprise	Name Way	-		
<u>La</u>	ake City, FL 32055	Address State and Z	100		
6. The name and address of the	•		~	Page 1	
_Li	nda Jones			多いから	
15	N N.W. Enterprise	Name Way, Sui	ite 102	SEE OF P	
F	lorida street address	(P.O. Box	NOT acceptable)	7000 2	
La	ke Ckty	FL 3205	55	95	
<u> </u>	City, St	ate and Zip	,		
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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.

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

Robert H. Hart, Managing Member

(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)