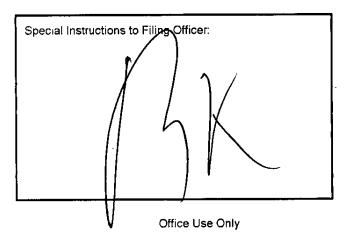
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status





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ACCOUNT NO. : 072100000032 REFERENCE : AUTHORIZATION COST LIMIT ORDER DATE: May 11, 2007 ORDER TIME : 9:33 AM ORDER NO. : 894288-255 CUSTOMER NO: 7490297 CHANGE OF AGENT . NAME: CREEKSTONE PARTNERS, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX PLAIN STAMPED COPY CONTACT PERSON: Amanda Roath

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	: CREEKSTONE PARTNERS, LLC .	
2. The mailing address of the limited liability c	ompany is:	
4545 Post Oak Place, Suite 200, Houston, TX 77027		
September 23, 2004	M0400003965	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registered agent ag	stered office address as shown on the records of the	
СТС	orporation System	
Name		
1200 South Pine Island Road		
Address		
Plantation, FL 33324 City, State and Zip		
•	, State and Zip	
6. The name and address of the new registered a	igent and/or office:	
Corporation	on Service Company	
	Address tation, FL 33324 , State and Zip agent and/or office: on Service Company Name 1 Hays Street	
Florida street addres	ss (P.O. Box NOT acceptable)	
Tallahassee	FL 32301	
City, S	State and Zip	
confirmed that after the change or changes are n and the business office of the registered agent w liability company, it is hereby confirmed that the	under the laws of the State of Florida, it is hereby nade, the Florida street address of the registered office vill be identical. Or, in the case of a Florida limited e change(s) was/were authorized by an affirmative vote or as otherwise provided in the articles of organization ty company.	
(Signature of a member or authorized representative of a member	per)	
Maureen Cullen, Attorney In Fact (Printed or typed name of signee)		
, , ,	agent and agree to act in this capacity. I further agree to be to the proper and complete performance of my auties, as of my position as registered agent as provided for in filed to merely reflect a change in the registered office ty company has been notified in writing of this change. Vice President	

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