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Blumenfeld Kaplan & Sandweiss, P.C.

168 North Meramec Avent Saint Louis, Missouri 6310 tel 314.863.0800 • fax 314.863.938 3201 South Providence • Suite 10 Columbia, Missouri 6520 tel 573.234.080 www.bks-law.co.

September 9, 2005

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

Re: Registered Agent/Address Changes

Dear Sir/Madam:

Enclosed are three (3) corporate Registered Agent/Address changes and nine (9) limited liability company Registered Agent/Address changes, and the corresponding fees totaling \$330.00 as required. Please make the appropriate changes and provide me with evidence of the same at your earliest convenience.

Thank you for your assistance. Please let me know if you have any questions or need additional information regarding the enclosed.

Sincerely,

Harlon D. Keel Paralegal

/hk Enclosures

cc: Harold A. Tzinberg, Esq.

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 limite	ed liability company is:	Baldridge-Kann, L.L.C.	
2. The mailing address of	_		·
11825 Manchester Ro	ad, St. Louis, Missouri	03131	
6/24/2005	· · · · · · · · · · · · · · · · · · ·	M0500000351	5
3. Date of filing/registrati	on in Florida	4. Document nur	mber
5. The name of the register Florida Department of	ered agent and the registe State: Burton Kann	red office address as shown	on the records of the
	10208 N. W. 24th Pla	lame ce, Apt. 405	DIVISI
	Sunrise, Florida 3332	Idress 2 ate and Zip	NECHE LARY 05 SEP 12
6. The name and address of	of the new registered age	nt and/or office:	P 000
	Kelly Price		PH 4: 04
	27200 Riverview Cen	me ter Blvd., Suite 309	one shows
	Florida street address (P.O. Box NOT acceptable)	-
	Bonita Springs	_L 34134	
	City, Sta	e and Zip	
confirmed that after the chand the business office of liability company, it is her the members of the timinathe operating agreement a	lange or changes are mad the registered agent will beby confirmed that the classification or as	der the laws of the State of Re, the Florida street address be identical. Or, in the case lange(s) was/were authorize otherwise provided in the arpany.	of the registered office of a Florida limited
Kenneth R. Baldridge	-		
(Brinted or typed name of signee)			
Thereby accept the appoi comply with the provision and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered ages s of all statutes relative to l accept the obligations o his document is being file that the limited liability o	nt and agree to act in this ca the proper and complete p f my position as registered of d to merely reflect a change company has been notified in	pacity. I further agree to erformance of my duties, agent as provided for in In the registered office In writing of this change.
(Signature of Registered Agent)	<u></u>		

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

INHS18(10/99)

FILING FEE: \$25.00