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EXAMINER



CORPORATION SERVICE COMPANY ACCOUNT NO. : I2000000195

REFERENCE : 279983 4391782

AUTHORIZATION :

COST LIMIT :

ORDER DATE: February 19 2010

ORDER TIME : 3:24 PM

ORDER NO. : 279983-050

CUSTOMER NO: 4391782

CHANGE OF AGENT

NAME: DRA CRT LAKE MARY CENTER LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

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.	Name of the limited liability company	y: DRA CRT L	AKE MARY CENTER LLC	
2.	(a) Principal office address of limited (Note: MUST BE STREET AL	DRESS)	c/o DRA Advisors LLC 220 Fast 42nd Street, 27th Floor New York, NY 10017	STON OF
	(b) Mailing address of limited liability (Note: MAY BE POST OFFIC	E BOX)	c/o DRA Advisors LLC 220 East 42nd Street, 27th Floor New York, NY 10017 c/o DRA Advisors LLC 220 East 42nd Street, 27th Floor New York, NY 10017	8
09	9/16/2005		M05000005133	ك
3.	Date of filing/registration in Florida	4	. Document number	
5.	(a) Registered Agent and Registered	Office shown on th	e records of the Florida Dept. of State:	
	Registered Agent:		C T Corporation System	
	Registered Office Address:		1200 South Pine Island Road Plantation, FL 33324	
	(b) Enter name of NEW Registered			
	<u>NEW</u> Registered Agent:		Corporation Service Company	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)			1201 Hays Street	
		ADDRESS	Tallahassee ,FL 32301	
that offi her liab lim	t after the change or changes are mad- ice of the registered agent will be ider by confirmed that the change(s) was pility company or as otherwise provid- nited liability company.	e, the Florida street ntical. Or, in the case /were authorized by ed in the articles of —	ws of the State of Florida, it is hereby confirmed address of the registered office and the business be of a Florida limited liability company, it is an affirmative vote of the members of the limited organization or the operating agreement of the	i
ئے: <u>ا</u>	nature of a momper or authorized representative of a Month of the Month of Signee)	f a member)		
1 J V	nereby accept the appointment as reginply with the provisions of all statutes familiar with and accept the obligation. Or, if this document is being filed to affirm that the limited liability company Corporation Service Company is mature of Registered Agent) Sylvia Quepp		ree to act in this capacity. I further agree to er and complete performance of my duties, and I s registered agent as provided for in Chapter 608 ange in the registered office address, I hereby n writing of this change.	} ,

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