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2. Principal Place of Business 3. Mairing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number 75-2772229 Applied Por Not Applicable Zip Country Zip Country 5. Certificate of Status Desired \$5.00 Additional Fee Required Fe				1211	<u> 17 1 </u>		- 01 APR 27 PM 9:08					
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Zip Country Zip Country 5. Cartificate of Status Desired S.0.0 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM S. CT CORPORATION SYSTEM 8. CT CORPORATION SYSTEM 9. CT CORPORATION SYSTEM S. Converted Agent of the purpose of changing its registered agent or both, in the State of Florida. SIGNATURE Signals, typed or printed rame of registered agent and the ill applicable. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS 10. ADDITIONS/CHANGES SITELE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS!/MEMBERS 10. ADDITIONS/CHANGES SITELE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS!/MEMBERS 10. ADDITIONS/CHANGES SITELE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS!/MEMBERS 10. ADDITIONS/CHANGES SITELE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS!/MEMBERS 10. ADDITIONS/CHANGES SITELE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS!/MEMBERS 10. ADDITIONS/CHANGES SITELE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS!/MEMBERS 10. ADDITIONS/CHANGES SITELE NOWS: SI	Suite, Apt.	. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE SIGNATURE Signature, speed or printed name of registered agent and title it approach. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS/ MEMBERS MARKET ADDRESS CITY-ST-2P Delete TITLE NAME SIRET ADDRESS CITY-ST-2P THE NAME SIRET ADDRESS CITY-ST-2P CITY SI-2P	City & Stat	te		City & State	City & State		4. FEI N	76-9779990			•	
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1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324						ress (P.O. Box N	umber is Not Acceptable)		· · · · · · · · · · · · · · · · · · ·		-	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature Signature Signature printed name of registered agent and size 4 applicable. NOTE Registered Agent agrouture required when rehitation; DATE					ŀ	City				Zip Cod	e	-
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that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	*		,		TITLE NAME STREE CITY-	T ADDRESS ST-ZIP						1

hat my signature shall have the same legal effect as if made under oath; that I are empowered to execute this report as required by Chapter 608, Florida Statutes.

Leigh Ann Everett
Asst. Secretary 4-5-01 214-740-4440
OR AUTHORIZED REPRESENTATIVE Date Date Daytime Priore #