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B. KOHR JUN 1 3 2008

EXAMINER

SATEMENT 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 limit	ed liability company is: ACP/UTA	H VIII LLC	
2. The mailing address of the limited liability company is: 444 BRICKELL AVE.			
SUITE 900, MIAMI FL 3313	1		
10/24/2006		M06000005889	
10/24/2006 2 Date of filing/registre	tion in Florida	4. Document number	
3. Date of filing/registration in Florida 4. Document number			
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:			
	LEGAGNEUR, NATHALIE	Zip	
Name			
444 BRICKELL AVE. SUITE 900			
Address MIAMI FL 33131			
City, State and Zip			
6. The name and address of the new registered agent and/or office:			
C T Corporation System			
Name 1200 South Pine Island Road			
Florida street address (P.O. Box NOT acceptable)			
	Plantation FL	33324	
	City, State and Z	ip	
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 of authorized representative of a member)			
Anthony LiCausi, Attorney in Fact (Printed or typed name of signee)			
I hereby accept the apportunity of the comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm By: Market 1 201	pintment as registered agent and a ns of all statutes relative to the pro ad accept the obligations of my po this document is being filed to me I that the limited liability compan partion System	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change. Anthony LiCausi	
(Signature of Registered Agent)		Anthony LiCausi Vice President	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314			

INHS18 (8/05)