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P.O. Box 999 Chadds Ford, PA 19317 (610) 388-9600

February 17, 2000

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

Re:

Prime-Muben II, LLC

Document #M95000000274

300003151003--2 -02/29/00--01021--011 *****25.00 ******25.00.

Via Certified Mail
Return Receipt Requested
Z 372 007 538

Gentlemen:

Enclosed please find the completed and executed Florida Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company along with our check #2592 in the amount of \$25.00 for the filing fee.

Should you have any questions regarding this filing, please contact me at (610) 388-9600.

Sincerely,

Michael A. Lynam

Chief Accounting Officer

MAL:dd Enclosures AL |

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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: Prime-Muben II 2. The mailing address of the limited liability company is: ling/registration in Florida 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: 6. The name and address of the new registered agent and/or office: Moore Name Cormick Florida street address (P.O. Box NOT acceptable) City, State and Zip 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 or authorized representative of a member) Druce E. Marre (Printed or typed name of signee I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608. F.S. Or, if this document is being filed to merely reflect a change in the registered office address, thereby confirm that the limited liability company has been notified in writing of this change.

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

(Signature of Registered Agent)