

REFERENCE

700388

4322603

300003257373

AUTHORIZATION

COST LIMIT

ORDER DATE :

May 17, 2000

ORDER TIME : 10:06 AM

ORDER NO. : 700388-005

CUSTOMER NO: 4322603

CUSTOMER: Ms. Kari Shelton

Locke Liddell & Sapp

2200 Ross Avenue, Suite 2200

Dallas, TX 75201-6776

CHANGE OF AGENT

M97-876

NAME:

AP-GP WILLMAX III, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Tamara Odom

. 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	d liability company	is: AP-GP Wi	llmax III LLC	
2. The mailing address of	the limited liability	company is:	2 Manhattenvil	le Road
Purchase, New York	: 10577			- Annua (8)
12/22/97			м97000000876	
3. Date of filing/registration in Florida			4. Document number	
5. The name of the registe Florida Department of S	red agent and the re State:	gistered office	address as shown	on the records of the
· •	The Prentice Ha	11 Corporat:	ion System, Inc	
		Name		· · · · · · · · · · · · · · · · · · ·
1201 Hays Street Address				
	Tallahassee, FL 32301			
		ty, State and Z		- - · · · · · · · · · · · · · · · · · ·
6. The name and address of	of the new registered	l agent and/or	office:	
		_		78.8
	Tom Williams			ES E T
	7026	Name N. Hanley R	rā.	芸芸一
,	Florida street address (P.O. Box NOT acceptable)			TILED ONAY 18 PHI2: 42 SECRITARY OF STATI TALLIAHASSEE FLORIO
		, \	,	
	Tampa	FL	33634	95 F
	City	, State and Zip)	EATE 2
If the limited liability com confirmed that after the ch and the business office of liability company, it is her the members of the limited the operating agreement of	nange or changes are the registered agent eby confirmed that to d liability company	made, the Flo will be idention the change(s) vor as otherwise	orida street address cal. Or, in the case was/were authorize	of the registered office of a Florida limited d by an affirmative vote of
Kronus Property By: Name: Mouse Title: Vice Pro	D WEINER	Delaware	corporation,	as manager
	ntment as registered s of all statutes relat l accept the obligati his document is bein that the limited liab	l agent and ag tive to the prop ons of my posi of filed to mere ility company	ree to act in this co per and complete p ition as registered ely reflect a chang has been notified i	apacity. I further agree to erformance of my duties, agent as provided for in e in the registered office n writing of this change.
(Signature of Registered Agent)				

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