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| Special Instructions to I | Filing Officer: | | | |
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ACCOUNT NO. : 072100000032 7563562 REFERENCE : AUTHORIZATION : COST LIMIT ORDER DATE: December 21, 2006 ORDER TIME: 10:42 AM ORDER NO. : 679861-035 CUSTOMER NO: 7563562 CHANGE OF AGENT UNITED PROPERTIES SOUTHWEST, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX_____ PLAIN STAMPED COPY CONTACT PERSON: Amanda Haddan

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. The name of the limite | d liability company i | s: UNITED | PROPERTIES SOUTH | WEST, LLC |
|---|---|--|---|--|
| 2. The mailing address of | the limited liability | company is | | • |
| 5310 Harvest Hill, Suite 288, l | Lock Box 108, Dallas, T. | X 75230 | | |
| February 17, 1998 | | | M98000000146 | |
| 3. Date of filing/registrati | on in Florida | | 4. Document nu | mber |
| 5. The name of the registe Florida Department of S | | gistered offic | ee address as shown | on the records of the |
| 1 | | Corporation Sy | stem | _ |
| | | Name | | - |
| 1200 South Pine Island Road | | | | |
| | Address | | | |
| | Plantation, FL 33324 City, State and Zip | | | |
| 6. The name and address of | • | • | • | A PRINCIPAL OF THE PRIN |
| | Corpora | tion Service C | ompany | 5. F. S. 3. |
| Name RE O | | | | |
| | | 01 Hays Street | | <u>5</u> m |
| | Florida street addre | ess (P.O. Bo | x NOT acceptable) | |
| | Tallahassee | FL | 32301 | |
| | City, | State and Z | ip | |
| If the limited liability components of the business office of liability company, it is her of the members of the limber the operating agreemen (Signature of a member or authority) | lange or changes are the registered agent eby confirmed that the ited liability compart of the limited liabil | made, the F will be ident he change(s ny or as othe ity company | lorida street address | s of the registered office |
| Maureen Cullen, Attorney In P | act | | | |
| (Printed or typed name of signee) | | | _ | |
| I hereby accept the appoil comply with the provision and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm | ntment as registered s of all statutes relatil accept the obligation is being that the limited liabi | agent and a ive to the property ons of my po g filed to me lity compan | gree to act in this coper and complete position as registered rely reflect a chango has been notified | capacity. I further agree to performance of my duties, agent as provided for in the registered office in writing of this change. |
| (Signature of Registered Agent) | IX-VUMNU Aichelle R. Vannoy, Assi | L. Vice Preside | nt | |

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