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> > May 28, 1999

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FILE NO. 025267-0000

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CHICAGO OFFICE

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NEW JERSEY OFFICE

ONE NEWARK CENTER, ISTH FLOOR NEWARK, NEW JERSEY 07101-3174 PHONE (973) 639-1234, FAX 639-7298

VIA FEDERAL EXPRESS

Mr. Barry Aikens Western Hills MHP 1300 SW. 5th Court Davie, Florida 33325

> Florida Representation Re:

Dear Mr. Aikens:

On behalf of Kort & Scott, I am forwarding to you for your review and signature the Statement of Change of Registered Office and Agent for HM Venture II, LLC and Gold Coast Associates, LLC. The filing of these Statements with the Florida Division of Corporations places your name on the state records as the registered agent for these two entities.

Upon completion, please forward the signed Statements along with the enclosed checks for each filing to the Florida Division of Corporations, P.O. Box 6327, Tallahassee, Florida 32314.

Should you have any questions regarding the enclosed, please feel free to call me at (714) 755-8179.

Very truly yours,

Kate D. Walther Legal Assistant

Enclosures

Stephanie H. Knutson, Esq. cc:

OC_DOCS\237526.1

1001 PENNSYLVANIA AVE., N.W., SUITE 1300 WASHINGTON, D.C. 20004-2505 PHONE (202) 637-2200, FAX 637-2201

STÅTEMENT 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

agent, or both, in the State	the following statem of Florida.		_		
1. The name of the limite	d liability company is	Gold Coast Asso Liability doing Coast MHP, LLC	business in E	a Delaware limited	
2. The mailing address of	the limited liability of		Michelson Dri	ive, Suite 700	
Irvine, California	92612				
TIVING OCTIVITIES	72012			*	
June 16, 1998 M9800			м98000000643	3	
3. Date of filing/registration in Florida		4. Doc	4. Document number		
5. The name of the registe Florida Department of S		stered office address	as shown on the	records of the	
,	CT CORPORATIO	ON SYSTEM			
		Name			
	1200 South Pine Tsland Road				
	Address				
Plantation, Florida 33324 City, State and Zip					
	-	•	•		
6. The name and address of the new registered agent and/or office:					
	Mr. Barry A	Aikens		P 25	
	13000 SW 5th Court			2. 3	
	Florida street addre	ss (P.O. Box NOT acc	ceptable)	28	
	Davie	FL 33325			
	City,	State and Zip			
If the limited liability co- confirmed that after the cand the business office of liability company, it is her a majority of the member organization or the regulate	hange or changes are f the registered agent by confirmed that the registered is of the limited liabitions of the limited liabitions of the limited liabitions.	e made, the Florida st t will be identical. (e change(s) was/were ility company or as o bility company.	reet address of t Or, in the case of authorized by an	the registered office of a Florida limited a affirmative vote of	
, ,					
Lee Kort, Manager, MHC Ventures Holding Limited Partnership, as Member (Printed or typed name of signee)					
I hereby accept the appoint comply with the provision and I am familiar with a document is being filed to the limited liability compa	ntment as registered of all statutes related and accept the obligemerely reflect a chain has been notified in	agent and agree to ac ive to the proper and ations of my positio ige in the registered on my writing of this chan	t in this capacity complete perfor n as registered office address, I ge.	n. I further agree to mance of my duties, agent. Or, if this hereby confirm that	
(Signature of Registered Agent)	NN 18 L-V-F3.				
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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$35.00

INHS18(9/97)