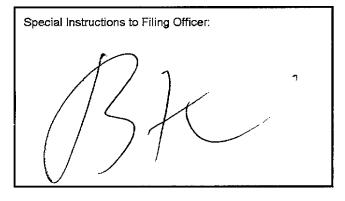
m9800000915

()	Requestor's Name)					
	Address)					
(.	Address)					
(1)	City/State/Zip/Phone #)					
PICK-UP	WAIT MAIL					
(1	Business Entity Name)					
(Document Number)						
Certified Copies	Certificates of Status					



Office Use Only



200043199412







ACCOUNT NO. : 07210000032

REFERENCE: 069544

7122203

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: December 8, 2004

ORDER TIME : 10:58 AM

ORDER NO. : 069544-295

CUSTOMER NO: 7122203

CUSTOMER: Ms. Bernie Wertheimer

Jones Lang Lasalle 200 East Randolph

Chicago, IL 60601

CHANGE OF AGENT

NAME:

CYPRESS FINANCIAL CENTER -

FBEC, L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Justin Cheshire

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.

0 ,	•			
1. The name of the limited	liability company is:	CYPRESS FI	NANCIAL CENTE	R - FBEC, L.L.C.
2. The mailing address of the	ne limited liability co	mpany is : _ح	o Hagan & Ass	sociates
200 E. Randolph Dr.,	Ste. 4322, Chicaç	go, IL 60601		
August 20, 1998	<u> </u>	1	M98000000915	
Date of filing/registration	n in Florida	. 4	. Document nun	nber
5. The name of the registere Florida Department of Sta	d agent and the registate:	tered office ad	dress as shown o	on the records of the
	C T Corr	oration Sys	tem	
_		Name	, J.	
	1200 0		T 75	
_		Pine Island Address	ı koad	多三人
			24	ES 5 -
-		ion, FL 333: State and Zip	4	
	•	-		55
6. The name and address of	the new registered ag	gent and/or off	ice:	Mg 830
	Corporation	Service Co	mpany	7 6 · · · ·
	1	Name		ALC: O
		ays Street		Ž.
-	Florida street address		OT acceptable)	
	Tallahassee	FL	32301	
	City, S	tate and Zip		
If the limited liability compace confirmed that after the char and the business office of the liability company, it is hereby the members of the limited lithe operating agreement of the limited lithespace.	nge or changes are made registered agent will be confirmed that the liability company or a che limited liability confirmed liability confirmed that the limited liability confirmed that the liability confirmed the liability confirmed that the liability confirmed that the liability confirmed that the liability confirmed the liability confirmed that the liability confirmed the liability confirmed that the liability confirmed that the liability confirmed that the liability confirmed the liability confirmed that the liability confirmed that the liability confirmed that the liability confirmed that the liability confirmed the liability confirmed that the liability co	ade, the Florid II be identical. change(s) was otherwise prompany.	la street address of Or, in the case of Swere authorized	of the registered office of a Florida limited I by an affirmative vote of
(Signature of a member or authorized	i representative of a member	r)		
Maureen Cullen, Attorno (Printed or typed name of signee)	ey in Fact			
I hereby accept the appoint comply with the provisions of and I am familiar with and a Chapter 608, F.S. Or, if this address, I hereby confirm the	00/		to act in this ca and complete pe in as registered a reflect a change s been notified in	pacity. I further agree to erformance of my duties, igent as provided for in in the registered office writing of this change.
(Signature of Registered Agent) Jer	andfer A. Geldof,	Asst. VP		
/ Division	of Corporations, P.C	O. Box 6327.	Tallahassee, FL	32314

FILING FEE: \$25.00

INHS18(10/99)