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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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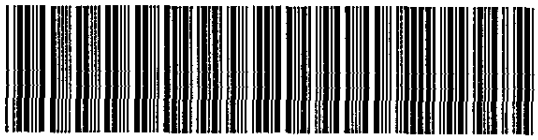

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TALLAHASSEE, FLORIDA

ARMSTRONG & MEJER
PROFESSIONAL ASSOCIATION
ATTORNEYS AT LAW

TELEPHONE (305) 444-3355
TELECOPIER (305) 442-4300

SUITE 1111 DOUGLAS CENTRE
2600 DOUGLAS ROAD
CORAL GABLES, FLORIDA 33134

November 7, 2002

Secretary of State
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Re: Sea Star Line, LLC

Dear Sir or Madam:

Enclosed is a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company, together with a check in the amount of $25.00 to cover filing fee. We appreciate your consideration.

Very truly yours,

TIMOTHY J. ARMSTRONG

TJA:ea
cc: Wesley M. Robinson, Esq.
Mr. Robert Leetch
Enclosure
liz\02ltrs\98-3257-013

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TALLAHASSEE, FLORIDA

# 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: SEA STAR LINE, LLC

2. The mailing address of the limited liability company is : 100 BELL TEL WAY, SUITE 300, JACKSONVILLE, FL 32216

10/01/1998 — 3. Date of filing/registration in Florida

M98 00000 1116 — 4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

WESLEY M. ROBINSON, ESQ.
Name

501 BRICKELL KEY DRIVE, COURVOISIER CENTRE I, SUITE 504
Address

MIAMI, FL 33131
City, State and Zip

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TALLAHASSEE, FLORIDA

6. The name and address of the new registered agent and/or office:

TIMOTHY J. ARMSTRONG, ESQ.
Name

2600 DOUGLAS ROAD, SUITE 1111 DOUGLAS CENTRE
Florida street address (P.O. Box NOT acceptable)

CORAL GABLES FL 33134
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.

Robert P Magee
(Signature of a member or authorized representative of a member)

Robert P MAGEE
(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, I hereby confirm that the limited liability company has been notified in writing of this change.*

(Signature of Registered Agent)

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

INHS18(10/99)

**FILING FEE: $25.00**