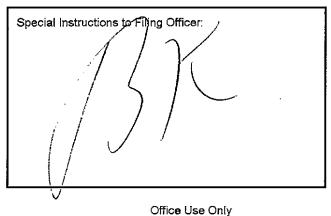
M98000001435

(Requestor's Name)					
(0.44					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
(====,					
Certified Copies Certificates of Status					





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2006 JAN -5 AM 9: 05
SECRETARY OF STATE
ASSEE, FLORIDA

RECEIVED

06 JAN -5 PH 12: 58



ACCOUNT NO. : 072100000032

REFERENCE: 781721 5160006

AUTHORIZATION!

ORDER DATE: December 28, 2005

ORDER TIME : 10:18 AM

ORDER NO. : 781721-585

CUSTOMER NO: 5160006

CHANGE OF AGENT

NAME: A98 SENIOR L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

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: A98 SENI	OR L.L.C.		
2. The mailing address of	the limited liability	company is:		•	
501 South Fourth Avenue, Sui	te 140, Louisville, KY 4	0202			
December 07, 1998		M98000001435			
3. Date of filing/registration in Florida			4. Document n	umber	
5. The name of the registe Florida Department of S		gistered offic	e address as show.	n on the records of the	
NRAI Services, Inc. Name					
2731 Executive Park Drive, Suite 4				- /	
Address			電影工		
Weston, FL 33331 City, State and Zip			JAN -5		
6. The name and address of the new registered agent and/or office:					
Corporation Service Company Name 1201 Havs Street					
Name					
Florida street address (P.O. Box NOT acceptable)					
	Tallahassee	FL	32301		
	City,	, State and Zi	p		
If the limited liability comconfirmed that after the chand the business office of liability company, it is her of the members of the lin or the operating agreement with the limited limits of the member of authorities of member or authorities.	nange or changes are the registered agent reby confirmed that t nited liability compar at of the limited liabil	made, the Fl will be ident he change(s) ny or as other lity company	orida street addre ical. Or, in the ca was/were authori wise provided in	ss of the registered office	
W. Bryan Hodson					
(Printed or typed name of signee)			-	•	
Mi Chelle K	intment as registered so of all statutes related accept the obligation is being that the limited liable. Michelle R. Vannoy, Ass		gree to act in this per and complete sition as registere rely reflect a chan has been notified	capacity. I further agree to performance of my duties, d agent as provided for in ge in the registered office I in writing of this change.	

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