

CT CORPORATION SYSTEM

CORPORATION(S) NAME

**MAR10000000053**

SUH Florida State, L.L.C.

700003828997--4  
-03/09/01--01090--005  
\*\*\*\*\*55.00 \*\*\*\*\*35.00

700003828997--4  
-03/09/01--01090--006  
\*\*\*\*\*25.00 \*\*\*\*\*25.00

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Profit                    | <input checked="" type="checkbox"/> Amendment   | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> Nonprofit                 |   |   |
| <input type="checkbox"/> Foreign                   | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
|  | <input type="checkbox"/> Reinstatement          |   |
| <input type="checkbox"/> Limited Partnership       | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other              |
| <input type="checkbox"/> LLC                       | <input type="checkbox"/> Name Registration      | <input type="checkbox"/> Change of RA       |
|  | <input type="checkbox"/> Fictitious Name        | <input type="checkbox"/> UCC                |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies            | <input checked="" type="checkbox"/> CUS     |
| <input type="checkbox"/> Call When Ready           | <input type="checkbox"/> Call If Problem        | <input type="checkbox"/> After 4:30         |
| <input checked="" type="checkbox"/> Walk In        | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out                  |   |   |

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

3/9/01

Order#: 378909

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2001 MAR -9 PM 12: 48

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

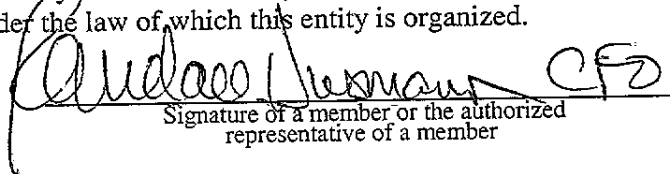
**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO  
FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

**SECTION I (1-3 must be completed)**

1. Name of limited liability company as it appears on the records of the Florida Department of State: SUH Florida State, L.L.C.
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: January 13, 1999

**SECTION II (4-7 complete only the applicable changes)**

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? \_\_\_\_\_
5. New name of the limited liability company: \_\_\_\_\_  
\_\_\_\_\_
6. If the amendment changes the period of duration, indicate new period of duration: \_\_\_\_\_  
\_\_\_\_\_
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: \_\_\_\_\_  
\_\_\_\_\_
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: See statement attached.
9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of a member or the authorized  
representative of a member

Randall Husmann, Chief Financial Officer  
Typed or printed name of signee

01 MAR -9 PM 1:34  
RECEIVED  
FLORIDA  
STATE  
DEPARTMENT OF  
REVENUE

SUH FLORIDA STATE, L.L.C.  
FLORIDA APPLICATION FOR  
AMENDED L.L.C.  
APPLICATION BY FOREIGN L.L.C.  
FOR AUTHORIZATION TO TRANSACT BUSINESS  
AMENDED ITEM 8

8. The amended name and respective address of its manager is:

| NAME                   | ADDRESS  |
|------------------------|--|
| FIMC Tallahassee, Inc. | 6363 Woodway, Suite 1000<br>Houston, Texas 77057 |

RECEIVED  
AND  
FILED  
01 MAR -9 PM 1:36  
SUH FLORIDA STATE  
TALLAHASSEE, FLORIDA