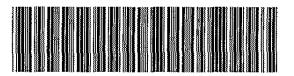
-M99000001141

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	(dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Document Number)		
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		

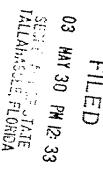
Office Use Only

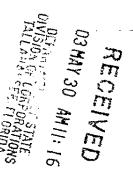


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MK





CT CORPORATION

May 30, 2003

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399



Re:

Order #: 5861605 SO

Customer Reference 1: Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Rock- Homestead, LLC (DE) Change of Agent Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jeffrey J Netherton Sr. Fulfillment Specialist Jeff_Netherton@cch-lis.com

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

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.

agent, or both, in the State of Fioriaa.	
1. The name of the limited liability company is:	Rock-Homestead, LLC
2. The mailing address of the limited liability co	ompany is: 1221 Avenue of the Americas
	New York, New York 10020
7/22/99	M9900001141
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the regist Florida Department of State:	stered office address as shown on the records of the
Corporation Ser	
	Name Address 32301
<u>1201 Hays</u> St.	\$\frac{1}{2} \text{ 3 } \frac{1}{2}
	Address
Tallahassee, FL	32301
City,	State and Zip
6. The name and address of the new registered a	Address 32301 State and Zip gent and/or office:
C T Corporation System	
	Name
1200 South Pine Island Ro	
, 	s (P.O. Box NOT acceptable)
Plantation	FL 33324
City, S	State and Zip
confirmed that after the change or changes are mand the business office of the registered agent w	RATION, Sole Member
Gwen A. Rowden, Vice President	
(Printed or typed name of signec)	
I hereby accept the appointment as registered a	gent and agree to act in this capacity. I further agree to e to the proper and complete performance of my duties, is of my position as registered agent as provided for in filed to merely reflect a change in the registered office ty company has been notified in writing of this change.
(Signature of Registere d Agent)	

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

FILING FEE: \$25.00

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