

P02000127536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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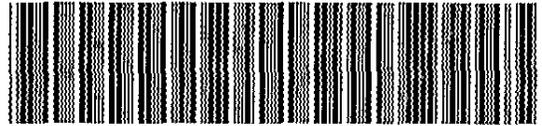
(Business Entity Name)

(Document Number)

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BOND, SCHOENECK & KING, P.A.

ATTORNEYS AT LAW ■ FLORIDA KANSAS NEW YORK

WILLIAM L. OWENS
Direct: (239) 659-3844
wowens@bsk.com

August 28, 2003

CERTIFIED MAIL
RETURN RECEIPT REQUESTED
(ARTICLE NUMBER 7002 241 0006 6093 4138)

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: *Sabra Inc.*
Statement of Change of Registered Agent and Registered Office
Document # P02000127536

Dear Madam/Sir:

Enclosed please find a Statement of Change of Registered Agent and Registered Office (the "Statement") for Sabra Inc., a Florida corporation. We have enclosed a check in the amount of \$35.00 to cover the applicable filing fees. Please file the Statement.

As soon as the document is filed, please forward a copy of the filed Statement and all other documentation confirming and relating to this filing to our office. We have enclosed a copy of the Statement for your convenience.

We appreciate your assistance in this matter. If you have any questions, please feel free to contact our office.

Very truly yours,

BOND, SCHOENECK & KING, P.A.


William L. Owens

WLO/sc
Enclosures

cc: client (w/ enc.)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Sabra Inc.
- 2. The principal office address: 494 Spinnaker Drive, Naples, Florida 34102
- 3. The mailing address (if different): same as above
- 4. Date of incorporation/qualification: 12/03/02 Document number: P02000127536

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5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Jerald R. Pitkin, Esq.
801 Anchor Rode Drive, Suite 203
Naples, Florida 34103

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Michael S. Lord
494 Spinnaker Drive
(P.O. Box or personal mailbox NOT acceptable)
Naples, Florida 34102

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Michael S. Lord (Signature of an officer, chairman or vice chairman of the board) Michael S. Lord, Director and President (Printed or typed name and title)

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Michael S. Lord (Signature of Registered Agent) 8/26/03 (Date)

Michael S. Lord, Registered Agent
If signing on behalf of an entity:

(Typed or Printed Name) (Capacity)

***** FILING FEE: \$35.00 *****