

Zimmerman
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P94000055535

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October 20, 2000

Secretary of State
Division of Corporations
The Capitol
Tallahassee, Fla. 32301

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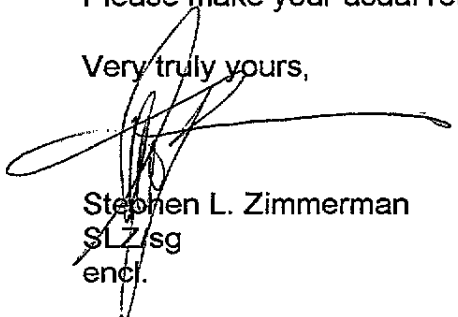
Re: Exclusive Property Management, Inc.

Gentlemen:

Enclosed herewith please find Statement of Change of Registered Office and Registered Agent of the above referenced corporation together with our trust account check #18238 in the amount of \$35.00.

Please make your usual return.

Very truly yours,


Stephen L. Zimmerman
SLZ/sg
encl.

FILED
00 OCT 24 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Change

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CHARTER NO: P94000055535

DATE FILED: 7/27/94

STATEMENT OF CHANGE OF REGISTERED OFFICE
AND REGISTERED AGENT

Pursuant to the provisions of Section 607.0502, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement for the purpose of changing its registered office and registered agent in the State of Florida.

1. The name of the corporation is: EXCLUSIVE PROPERTY MANAGEMENT, INC.
2. The name and address of its present registered agent is:

ARTHUR W. LAMBERTUS
2929 East Commercial Blvd. Suite 604
Ft. Lauderdale, FL 33308

3. The name and street address to which its registered agent is to be changed is: (P.O. Box not acceptable)

Michael McCamish
1152 NW 30th CT 108
WILTON MANORS FL 33311

4. The street address of its registered office and the street address of the business office of its registered agent, as changed, are identical.
5. Such change was authorized by resolution duly adopted by its board of directors or by an officer of the corporation so authorized by the board of directors.

J. Christine E. Ryan, President
(President or Vice President)
Date: Oct 20, 2000

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE. 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 UNDER SECTION 607.0505, FLORIDA STATUTES.

Please Print/Type Name: Michael A. McCamish
Signature: [Signature]
Date: 10/20/00