	6.22						.i	
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THE 81ST STREET PROPERTIES, L.L.C  Principal Place of Business Mailing Address			OLAPRII AM 8:39					
						_		
Principal Place 6813 SW 813 MIAMI FL 33	ST STREET	Mailing Address 6813 SW 81ST STREET MIAMI FL 33143			SE TAL	CRÉTARY O LAHASSEE.	F STATE FLORIDA	4
2. Principal F	Place of Rusiness							
Suite, Apt.	#, etc. Suite A	WITE	4 .	DO NOT WRITE IN THIS SPACE				
City & Stat		City & State	<i>A</i>	4. FEI I	Number PLIE	FOR 7		oplied For
Zip	Country	Zip	Country	: 1	ificate of Status D	<u> </u>	\$5.00 Add	
	6. Name and Address of Current	Registered Agent		7. Nam	e and Address o	New Registered	Agent	
QUESED	A, G. FRANK ESQ.		, Name .	' -			-	<b>.</b> . • .
	NCE DE LEON BLVD., SUITE 200	Street Add	Street Address (P.O. Box Number is Not Acceptable)					
CORAL GABLES FL 33134								
			City			Fl	Zip Cod	e
8. The above	named entity submits this statement fo	r the purpose of changing its	registered office or re	egistered agent,	or both, in the Sta	te of Florida.		
SIGNATURE			,					
- SIGNATORE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered Agent signature	required when reinstat	ing)	DATE		
		FILE NO	W!!! FEE IS \$5	0.00				
•		Make Check Pay	able to Departm	ent of State				
9.	MANAGING MEMB	ERS/MEMBERS	10.		ADD	TIONS/CHANGES	}	
TITLE	MGRM LISTA, WALTER L	☐ Delete	TITLE		•		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	6813 SW 81ST STREET MIAMI FL 33143	. ,	NAME STREET ADDRESS CITY-ST-ZIP		[	<b>040</b> 34 14/20/01	01032	020
TITLE		☐ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·	****50.00	☐ Change	50 Addition
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NAME STREET ADDRESS	í		NAME Street Address					
CITY-ST-ZIP	,		CITY-ST-ZIP					
indicated	certify that the information supplied with on this report is true and accurate and bility company or the receiver or trustee	that my signature shall have the	ne same legal effect	as if made under	roath; that I am a	atutes. I further ce managing memb	tify that the irer or manage	nformation r of the

Davtime Phone #