## 402000033521

2000 JUN !	III P 2: 14
SECRETA	NY OF STATE. LEE, FLOT
(Requestor's Name) TALLARIAS	
(Address)	
(Address)	900037536719
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	06/11/0401027001 **25.00
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only

WOODBRIDGE & SALAZAR LLP

ATTORNEYS AT LAW

ZOON JUN 11 P 2: 14 SECRETARY OF STATE TALLAHASSEE, FLORIDA

## WITH COMPLIMENTS

FREDERICK WOODBRIDGE, JR.

June 7, 2004

Transmittal Setter – Island Falls, Inc.
Statement of Change of Registered Agent (Island Falls, Inc.)
Statement of Change of Registered Agent (Brickell Falls, Inc.)
Checks

1200 Anastasia Avenue, Suite 310 Coral Gables, Florida 33134

Tel: (305) 569-6336 Cell: (305) 302-1037 Fax: (305) 402-0163 fwoodbridge@bellsouth.net

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

_	ns of sections 608.416 or 608.508, Florida Statutes the following statement in order to change its regi to of Florida.	
1. The name of the limited	d liability company is: Brickell Falls LLC	CE02=:-
	the limited liability company is: 1200 Anastasia	Avenue Suite STOF STATE
Coral Gables, FL 3313		
12/13/2002	L0200003352	1
3. Date of filing/registration	on in Florida 4. Document nur	mber
5. The name of the register Florida Department of S	red agent and the registered office address as shown of	on the records of the
<b>P</b>	World Corporate Services, Inc.	_
	Name 2655 S. Bayshore Drive, Suite 703	_
	Address	-
	Miami, FL 33133  City, State and Zip	_
6. The name and address of	of the new registered agent and/or office:	
	Frederick Woodbridge, Jr., P.A.	
	Name 1200 Anastasia Ave., Ste 310	-
	Florida street address (P.O. Box NOT acceptable)	
	Coral Gables ' FL 33134-6364	
	City, State and Zip	•
confirmed that after the chand the business office of liability company, it is her the members of the limite.	npany is not organized under the laws of the State of Inange or changes are made, the Florida street address the registered agent will be identical. Or, in the case reby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the and the limited liability company.	of the registered office of a Florida limited ed by an affirmative vote of
Gérard Perret		
(Printed or typed name of signee)		
I hereby accept the appoint the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address of hereby confirm	intment as registered agent and agree to act in this co is of all statutes relative to the proper and complete t d accept the obligations of my position as registered this document is being filed to merely reflect a chang that the dipliced liability company has been notified in	apacity. I further agrec to performance of my duties, agent as provided for in the registered office in writing of this change.

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

(Signature of Registered Agent)