L03000008353

(Requestor's Name)	100021	
(Address)		
(Address)	10002	
(City/State/Zip/Phone #)	<i>y</i>	
PICK-UP WAIT MAIL	; ; ; ;	
(Business Entity Name)	{ ;	
(Document Number)	07/17/03	
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:	:	
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SELECTION STATE
ALLAHASSEE, FLORIDA

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. Sundat Request	O CRORAGE DOS Name	
7	Address	S W T
City/State/Zip	Phone #	Office Use Only ER(S), (if known):
CORPORATION NAM	IE(S) & DOCUMENT NUMBI	ER(S), (if known):
1. Both 1 (Corporation	lade Venturioni Docum	ce. Ll C.
2. (Corporation	Name) (Docum	ment #)
3. (Corporation	(Docum	nent #)
4. (Corporation	Name) (Docum	ient #)
Mail out Wil		Certified Copy Certificate of Status
NEW/FIDINGS:	AMENDMENTS Amendment	
NonProfit	Resignation of R.A., Officer/ Director	
Limited Liability	Change of Registered Agent	······································
Domestication	Dissolution/Withdrawal	(
Other	Merger	
OTHER FILINGS: Annual Report	REGISTRATION/20 QUALIFICATION 4:	· ! ,
Fictitious Name	Foreign	}
Name Reservation	Lumited Partnership	· · · · · · · · · · · · · · · · · · ·
	Reinstatement	
	Trademark	
	Other	
CR2E031(1/95)		Examiner's Instials

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.

ugeni, or boin, in the biat	e of Profitte.		1	
1. The name of the limite	ed liability company	is: South Dade	Venture, LLC	
2. The mailing address o	f the limited liabilit	y company is:		(1) (3) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
550 Biltmore Way,	Suite 1110, Coral	Gables, FL 3313	4	
March 7, 2003		Ĺ	.03000008353	20
3. Date of filing/registrat	ion in Florida	$\frac{1}{4}$.	Document number	r Post or
5. The name of the registe Florida Department of	ered agent and the re State:	egistered office add	ress as shown on t	he records of the
*	Joseph J. Weise	enfeld	:	
	550 Biltmore Wa	Name ay, Suite 1120	<u> </u>	E
	Coral Gables, F		;	
	c	ity, State and Zip		
6. The name and address	of the new registere	d agent and/or offic	e:	
	Rosa Eckstein S	Schechter	<u> </u>	
	550 Biltmore Wa	Name ay, Suite 1110		
	Florida street add	ress (P.O. Box NO	T acceptable)	
	Miami	_{FL} 33134	,	
	Cit	y, State and Zip	· ·	•
If the limited liability conconfirmed that after the cland the business office of liability company, it is her the members of the limite the operating agreement of	nange or changes are the registered agent reby confirmed that d liability company	e made, the Florida t will be identical. (the change(s) was/v or as otherwise pro	street address of the or, in the case of a were authorized by	he registered office Florida limited an affirmative vote of
Mille	ecc		1	
(Signature of a member or authori	ized representative of a me	ember)	{	
Rosa Eckstein Schech			1	
(Printed or typed name of signee)				
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm	intment as registered s of all statutes rela d accept the obligat his document is beil that the limited liab		o act in this capac nd complete perfo as registered ager glect a change in i been,notified in wr	ity. I further agree to rmance of my duties, it as provided for in the registered office iting of this change.
(Signature of Registered Agent)	and the same of th		-	
Divisio	n of Corporations	P.O. Ray 6327, Ta	illahassee FI. 32	314

FILING FEE: \$25.00

INHS18(10/99)