## L030000/4588

_		
(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/s	State/Zip/Phone	:#)
PICK-UP	WAIT	MAIL
(Busii	ness Entity Nam	ne)
(Docu	ıment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



500021347455

07/10/03--01032--006 \*\*25.00

FILED
2003 JUL 10 PM 3: 52
2003 JUL 10 PM 3: 52
ATTANASSEE, FLORIDA

## GOLDSTEIN, TANEN & TRENCH, P.A. Law Offices

One Biscayne Tower • Suite 3250
Two South Biscayne Boulevard
Miami, Florida 33131
Telephone (305) 374 - 3250
Facsimile (305) 374 - 7632

July 7, 2003

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

RE: Okeechobee Partners, L.L.C.

Statement of Change of Registered Agent

Our File No. 447.29

Dear Sir of Madam:

Enclosed please find an executed Statement of Change form along with our check in the amount of \$25.00 for processing same.

If you have any questions, please don't hesitate to give me a call.

Sincerely,

Melanie Broussard Legal Assistant to Jeffrey S. Tanen

/jc

Enclosure

M:\DIAZ\Okeechobee Partners LLC\L-Secretary of State 7-7-03.wpd

## 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.

1. The name of the limited liability co	mpany is: Okeechobee Partners, L.L.C.	
	liability company is: 23705 SW 117th Avenue,	
Homestead, FL 33032	<u> </u>	
April 23, 2003	L03000014588	
3. Date of filing/registration in Florida	4. Document number	
Florida Department of State:	d the registered office address as shown on the records of the	
Emilia Dia	z Fox, Esquire	
1221 Brick	kell Avenue, Suite 1020	
Miami El	Address	
Miami, FL	City, State and Zip	
6. The name and address of the new re	City, State and Zip gistered agent and/or office:	
Jeffrey S. Tanen, Esquire		
Address  Miami, FL 33131  City, State and Zip  6. The name and address of the new registered agent and/or office:  Jeffrey S. Tanen, Esquire  Name  Two South Biscayne Boulevard, Suite 3250		
Florida str	eet address (P.O. Box NOT acceptable)	
Miami	FL 33131	
	City, State and Zip	
confirmed that after the change or char and the business office of the registere liability company, it is hereby confirm	organized under the laws of the State of Florida, it is hereby nges are made, the Florida street address of the registered office d agent will be identical. Or, in the case of a Florida limited ed that the change(s) was/were authorized by an affirmative vote of mpany or as otherwise provided in the articles of organization or liability company.	
(Signature of a member or authorized representative	ve of a member)	
22 Visit A Assessment	o o a monoco,	
(Printed or typed name of signee)	<u></u>	
Why I am	gistered agent and agree to act in this capacity. I further agree to tes relative to the proper and complete performance of my duties, obligations of my position as registered agent as provided for in t is being filed to merely reflect a change in the registered office ted liability company has been notified in writing of this change.	
(Signarare of Rogistered Agent)  Division of Corpor	rations, P.O. Box 6327, Tallahassee, FL 32314	

INHS18(10/99) FILING FEE: \$25.00