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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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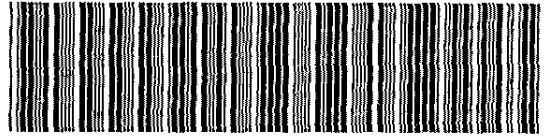
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189,707,671

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Office Use Only

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07/05/06--01029--022 **35.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 7663 Fenwick Place LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Susan Roseboro
(Name of Person)

Broad and Cassel
(Firm/Company)

7777 Glades Road, Suite 300
(Address)

Boca Raton, FL 33434
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Susan Roseboro at (561) 218-6932
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

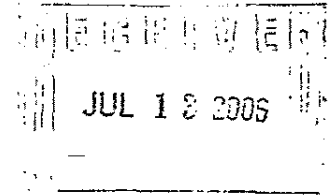
MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations



July 10, 2006

SUSAN ROSEBORO
BROAD AND CASSEL
7777 GLADES ROAD STE 300
BOCA RATON, FL 33434

SUBJECT: 7663 FENWICK PLACE LLC
Ref. Number: L06000064330

We have received your document for 7663 FENWICK PLACE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 806A00044356

SECRETARY OF STATE
TALLAHASSEE
FLORIDA

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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 company is: 7663 Fenwick Place LLC
2. The mailing address of the limited liability company is: 6800 Broken Sound Parkway
Suite 200, Boca Raton, Florida 33487

- 6/23/06 3. Date of filing/registration in Florida
- L06000064330 4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Marc H. Bell
Name
6800 Broken Sound Parkway, Suite 400
Address
Boca Raton, Florida 33487
City, State and Zip

6. The name and address of the new registered agent and/or office:

Marc H. Bell
Name
6800 Broken Sound Parkway, Suite 200
Florida street address (P.O. Box NOT acceptable)
Boca Raton, FL 33487
City, State and Zip

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TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

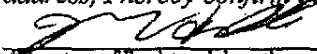


(Signature of a member or authorized representative of a member)

Marc H. Bell, Managing Member

(Printed or typed name of signee)

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00