MOS000004872

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(Cit	ty/State/Zip/Phone	e #)
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2006 NOV 20 PM 2: 57
SECRETARY OF STATE

*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.

4 551 11		NNN Maitlan	nd Promenade	32 II C	
1. The name of the lim	ited liability compan	ly is: Ittivitation	id i Tomenade	<u> </u>	
2. The mailing address	of the limited liabili	ity company is:	<u> </u>		
1551 N Tustin Avenue, S	uite 200, ATTN: Entity	Compliance Manage	r, Santa Ana, CA	92705	
8/31/2005		M	M05000004872		
3. Date of filing/registr	ration in Florida	4.	Document num	ber	
5. The name of the reginerate of the reginerate of the region of the reg		registered office add	dress as shown of	n the records of the	
	Corporation Service	ce Company			
		Name			
	1201 Hays Street			TS 2	
		Address			
	Tallahassee, FL 3	32301 City, State and Zip		至 2 二	
	•	City, State and Zip		20 AR SSS	
6. The name and addre	ss of the new register	red agent and/or offi	ice:	2006 NOV 20 PH 2: 5 SECRETARY OF STATI	
	NRAI Services, Inc	0.		STA S:	
		Name		2: 57 STATE LORIDA	
	2731 Executive Pa			,;;;•	
	Florida street ad	ldress (P.O. Box N O	OT acceptable)		
	Weston	FL 33331			
	C	ity, State and Zip			
If the limited liability of confirmed that after the and the business office liability company, it is the members of the limit the operating agreement agreement of a memberlor automatical signature of a memberlor automatical signature of a memberlor automatical signature.	e change or changes a of the registered age hereby confirmed tha lited liability compan at of the limited liabil	are made, the Florident will be identical. at the change(s) was ny or as otherwise prolity company.	a street address of Or, in the case of Nwere authorized	of the registered office	
Paul J. Hagan, attorney- (Printed or typed name of sign					
(Signature of Registered Ager Paul J. Hagan, Assistant	ńt)			pacity. I further agree to informance of my duties, gent as provided for in in the registered office writing of this change.	

FILING FEE: \$25.00

INHS18(10/99)