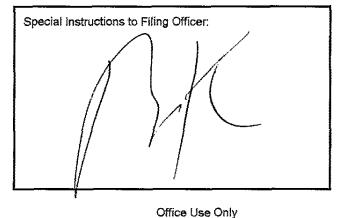
MU60000004688

	(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
	(Ac	ddress)	
	(Ac	ddress)	
	(Ci	ty/State/Zip/Phon	e#)
PIC	K-UP	☐ WAIT	. MAIL
<u>-</u>	(Bi	usiness Entity Nar	me)
	(Do	ocument Number))
Certified Coples		Certificates	s of Status





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D6 NOV 13 PH 3: L

SOLECTION OF PLANS

TECENTES STATES OF STATES



ACCOUNT NO. : 07210000032								
REFERENCE : 570875 5138497								
AUTHORIZATION : mellelena								
COST LIMIT : \$25.00								
ORDER DATE: November 1, 2006								
ORDER TIME: 10:56 AM								
ORDER NO. : 570875-015								
CUSTOMER NO: 5138497								
<i>y</i>								
CHANGE OF AGENT								
NAME: FUND VIII ATRIUM SAN REMO, LLC								
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:								
CERTIFIED COPY XX PLAIN STAMPED COPY								
CONTACT PERSON: Doreen Wallace								
EXAMINER'S INITIALS:								

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.

3	3				
1. The name of the limited	I liability company	is: FUND VII	ATRIUM SAN REM	MO, LLC	
2. The mailing address of	the limited liability	company is:	28 State Street, 10th	ı Floor	
Boston, MA 02109					
	···				_
August 24, 2006			M06000004688		
3. Date of filing/registration	on in Florida		4. Document nu	mber	
5. The name of the register Florida Department of S		gistered office	address as shown	on the records of the	
-	Capitol (Corporate Service	es, Inc.		
		Name		- : ,	7
	1:	333 Duval Stree	ŧ	4. 9	
•		Address		艺艺工	
		ahassee, FL 323			
_	City	y, State and Z	ip	300	
6. The name and address of	the new registered	agent and/or	office:	OBMONIO PH 3: LI)
	Corporat	tion Service Con	ipany	700	
_		Name		92	
	120	01 Hays Street		Dr.	
	Florida street addre	ss (P.O. Box	NOT acceptable)	•	
_	Tallahassee	FL	32301		
	City,	State and Zip	·		
If the limited liability comp confirmed that after the cha and the business office of the liability company, it is here of the members of the limit or the operating agreement	nge or changes are need registered agent which the confirmed that the diability companion the limited liability.	made, the Flo will be identic ne change(s) v y or as otherw ity company.	rida street address al. Or, in the case	of the registered office of a Florida limited	
Signature of a member or authorize	d representative of a mem	_{ber)} Egen, Jr.		, n	
	Richard G. I Sr. Vice Pres	ident/CFO			
(Printed or typed name of signee)	Sr. Vice Ples	IGENIA -		· Ala	
I hereby accept the appoint comply with the provisions of the provisions of the complex with and a complex of the confirm the confirmation that the confirmation confirma		agent and agr we to the prop ns of my posit filed to mere ity company h	ee to act in this co er and complete p ion as registered i y reflect a change as been notified ii	ipacity. I further agree to erformance of my duties, agent as provided for in in the registered office writing of this change.	ŧ
(Signature of Registered Agent) Mic	chelle R. Vannov, Asst.				

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