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COVER LETTER

	gistration Section vision of Corporations				
SUBJECT	: Flagler Street Associates, LLC				
	Nan	ne of Limited	Liability Company		
Dear Sir or	Madam:				
The enclose	ed Registered Agent/Registered Off	ice Change ar	nd fee(s) are submitted for filing.		
Please retur	rn all correspondence concerning th	is matter to th	e following:		
Mariela (M. Maifeld				
	Name of Person				
Watt, Tie	eder, Hoffar & Fitzgerald, LLP				
	Firm/Company				
1200 Bri	ickell Avenue, Suite 1950				
	Address				
Miami, I	Florida 33131				
	City/State and Zip Code				
mmalf	eld@watttieder.com		·		
E-mai	il address: (to be used for future and	nual report no	lification)		
For further	information concerning this matter.	, please call:			
Mariela Ma	alfeld	at (<u>305</u>) 777-3572		
	Name of Person		Area Code & Daytime Telephone Number		
Reg Div Cli 266	REET/COURIER ADDRESS: gistration Section vision of Corporations fton Building 51 Executive Center Circle llahassee, 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		
INHS18 (2/1	14)				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.	Na	me of the limited liability company: Flagler Street A	sso	ciates, L	пс	
2.	(a)			(b)		
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(5)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		36 Northeast 1st Street			555 Long Wharf Avenue, Suite 14	
		Miami, FL 33132			New Haven, CT 06511	
		August 14, 1999			M9900000554	
3.		Date of filing/registration in Florida		4.	Document number	
5.	(a)	Jonathan A. Heller, Esq.				
	(-)	Registered Agent and Registered Office shown on the records of	the	Florida I	Dept. of State:	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
		36 Northeast 1st Street				
		Miami , FL		33132	APR	
	(b)	E. CNEW D			Iress:	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	<u>I OI</u>	tice addi	iress:	
		Mariela Malfield, Esq.				
		NEW Registered Office Address:				
Watt, Tieder, Hoffar, & Fitzgerald, 1200 Brickell Ave., Suite 1950						
		Miami FI		22424	1	
		, FL	<i></i>	33131	<u>'</u>	
the ag wa the I protect to no	e cha ent v is/we e arti Signal herei ovisi e obl mere tified	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of cles of organization on the operating agreement of the layer of member or authorized representative of a member on a complete in the proper and complete in the proper and complete in the registered agent as provide all statutes relative to the proper and complete in the registered office address, I do not not the proper and complete in the registered office address, I do not the proper and complete in the registered of the proper and complete in the proper and compl	f the abi	e registility con he limit nited lia	tered office and the business office of the registered mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in liability company. Lynn Fusco Printed or typed name of signce in this capacity. I further garee to comply with the	
		Division of Corporations P.O. 1	Box	x 6327•	• Tallahassee, FL 32314	