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M. HODGES

MARIO G. DE MENDOZA, III, P.A.

ATTORNEY AT LAW

12765 Forest Hill Boulevard Suite 1302

Wellington, Florida 33414
Telephone: (561) 659-1111
Telerax: (561) 784-2933
E-mail: office@pblaw.us

June 24, 2005

AMENDMENT SECTION
Division of Corporations
Florida Department of State
P. O. Box 6327
Tallahassee, Florida 32314

Re: Aiken Properties, LLC Our File No. 5392.2

Dear sir or madam:

Enclosed for filing with your office please find a Statement of Change of Registered Office or Registered Agent for the captioned entity, Aiken Properties, LLC. Also enclosed is my firm check in the amount of \$25.00 representing payment of the requisite filing fee.

Please forward evidence of the filing of the same to the undersigned at the above address at your earliest convenience.

Thank you for your assistance.

Sincerely,

Mario G. de Mendoza, II

MGMIII:dw Enclosures

F:\CORPS\Aiken Properties, LLC\Secy State Itr OFN 5392.2 on 06.24.05.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 limit		nv is: Aiken Pro	operties, LLC	
2. The mailing address of				endoza, III. P.A.
12765 Forest Hill Blvd				
12700 t Olest till blvc	1., Suite 1302, **	rennigion, r L 33		
February 4, 2003			L03000004185	
3. Date of filing/registra	tion in Florida		4. Document num	ıber
5. The name of the regist Florida Department of		e registered office	address as shown o	on the records of the
*	Luis F. Escoba	аг		
	Name 832 Forest Glen Lane			
Address		·		
	Wellington, FL 33414		05 (57) 27	
	City, State and Zip		2.7	
6. The name and address	of the new registe	ered agent and/or o	office:	
	Mario G. de M	lendoza, III, P.A.		. 79.
	12765 Forest I	Name Hill Blvd., Suite	1302	
	Florida street ac	ddress (P.O. Box	NOT acceptable)	•
	Wellington,	FL 3341	4	
	C	City, State and Zip		
the members of the limite the operating agreement	thange or changes of the registered age treby confirmed the ed liability compare of the limited liabi	are made, the Florent will be identicated at the change(s) way or as otherwise litty company.	rida street address on al. Or, in the case of as/were authorized	of the registered office of a Florida limited I by an affirmative vote of
(Signature of a member or author	ized representative of a	member)		
Luis F. Escobar				
(Printed or typed name of signee)	•			
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm (Signature of Registered Agent)	is of all statutes read accept the obligations document is but that the limited if	red agent and agrelative to the properties of my positive to the properties of my positive to mere things of the properties of the propert	ee to act in this caper and complete perion as registered a ly reflect a change as been notified in	vacity. I further agree to rformance of my auties, gent as provided for in in the registered office writing of this change.
	, ,	(-7	, Tallahassee, FL	32314

FILING FEE: \$25.00

INHS18(10/99)