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07 APR 18 AM II: 51

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: 1951 - 1997 south Military (Name of	Trail, L.L.C. 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 concernin	ng this matter to the following:	
Gary Ian Nesbitt	SEC SEC	
(Name of Person)	ARE IS	
Fromberg, Perlow & Kornik, P.A. (Firm/Company)	OT APR 18 AH 11:51 SECRETARY OF STATE FALLAHASSEE FLORIDI	
18901 NE 29th Avenue, Suite 100	TATE ORIDA	
(Address)		
Aventura, Florida 33180		
(City/State and Zip Code)		
For further information concerning this ma	atter, please call:	
Gary Ian Nesbitt	at (305) 933-2000 Ext 134	
(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 follow	ving amount:	
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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.

-8-11, 11 0011, 11 110 21010	0,110,100.				
1. The name of the limited	l liability compa	nny is: 1951 - 1997	South Military Trail, L.	.L.C.	
2. The mailing address of	the limited liabi	lity company is : 3	300 41Street, Suite	201A. Miami Beach. Florida	
	ino minica nao	inty company is	,		
33140		71 TW	, ,	<u> </u>	
11/7/01			L01000019260	1000 克	
3. Date of filing/registration	n in Florida	_	4. Document nun	nber o	
5. The name of the register Florida Department of St	ed agent and the	e registered office	address as shown	on the records of the	
•	Jeffrey M. Per	low, Esq.		当点の	
_		Name		000	
20801 Biscayne Blvd. Suite 505					
Address					
<u> </u>	Aventura, Floric				
		City, State and Zi	p		
6. The name and address of	f the new registe	ered agent and/or o	ffice:		
<u> </u>	Mordechai Boa	ziz			
3	00 41st Street,	Name Suit 201A			
_	Florida street a	ddress (P.O. Box I	NOT acceptable)		
N	/liami Beach	FL 3314	n		
<u></u>		City, State and Zip	<u>~</u>		
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	inge or changes he registered ag by confirmed the ted liability con or the limited li	are made, the Florent will be identicated the change(s) was on as otherwability company.	rida street address and one of the case was were authorized as were authorized the case was were authorized and the case was were authorized as were and authorized as were and authorized as were and authorized as were authorized as were an authorized as were authorized as were an authorized as were an authorized as	of the registered office of a Florida limited d by an affirmative vote	
(Printed or typed name of signee)	<i>V</i>				
I hereby accept the appoint comply with the profitsions and I am familiar with add Chapter 608 F.S. Or fifth address, I hereby confirm the (Signature of Registered Agent)	iment as registe of all statutes re decept the oblig statument is b hat the limited t	red agent and agreelative to the propositions of my positions of my positions of the my parties of the my high the	ee to act in this ca er and complete pe ion as registered a y reflect a change as been notified in	pacity. I further agree to erformance of my duties, igent as provided for in in the registered office writing of this change.	
Division	of Corporation	ns, P.O. Box 6327	, Tallahassee, FL	32314	

FILING FEE: \$25.00

INHS18 (8/05)