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| Certified Copies | _ Certificates | Certificates of Status | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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DIVISION OF CORPORATIONS

COVER LETTER

INHS18 (8/05)

| TO: Registration Section Division of Corporations | | |
|--|---|--|
| SUBJECT: 50TH STREET PROP (Name of | ERTY SERVICES, LLC 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 concerning | g this matter to the following: | |
| HAUGHEY, ROGER J II (Name of Person) | | |
| SIVYER BARLOW & WATSON (Firm/Company) | O7 JUN 18 AH 10: 59 | |
| 100 S ASHLEY DR. SUITE 2150 | ORPO, | |
| (Address) | | |
| TAMPA, FL. 33602 (City/State and Zip Code) | | |
| For further information concerning this mat | tter, please call: | |
| HAUGHEY, ROGER J II | at (813) 221-4242 | |
| (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 followi | ng 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.

| 1. The name of the limited liability company is: | 50TH STREET PROPERTY SERVICES, I | LLC_ | |
|--|--|--|---|
| 2. The mailing address of the limited liability con | npany is: 8413 LAUREL FAIR CIRCLE | SUI | TE 101 |
| TAMPA, FL. 33610 | | | <u></u> |
| 06/17/2004 | L04000045630 | | |
| 3. Date of filing/registration in Florida | 4. Document number | | |
| 5. The name of the registered agent and the register Florida Department of State: | ered office address as shown on the record | ls of th | he |
| HAUGHEY, ROG | | | |
| 100 S ASHLEY DR | | | |
| | Address | | 0 |
| TAMPA, FL 33602 City, S | tate and Zip | 07 JUN 18 | 33.0 |
| 6. The name and address of the new registered agent and/or office: | | | CRE TA |
| HAUGHEY, ROGE | RJII | တ | COT TE |
| 401 E JACKSON S | ame T SUITE 2225 (P.O. Box NOT acceptable) | AH III: 00 | STATE STATE |
| TAMPA | FL 33602 | <u> </u> | ΰ |
| | ate and Zip | | |
| If the limited liability company is not organized un confirmed that after the change or changes are made and the business office of the registered agent will liability company, it is hereby confirmed that the co- of the members of the limited liability company of or the operating agreement of the limited liability | de, the Florida street address of the registe be identical. Or, in the case of a Florida change(s) was/were authorized by an affin r as otherwise provided in the articles of company. | ered of | ffice d |
| (Signature of a member or authoxized representative of a member) | | | |
| Glenn Pearson | | | |
| (Printed or typed name of signee) | | | |
| I hereby accept the appointment as registered age comply with the provisions of all statutes relative to and I am familiar with and accept the obligations Chapter 608, F.S. Or, if this document is being fill address, I hereby confirm that the limited liability | ent and agree to act in this capacity. I fur to the proper and complete performance of of my position as registered agent as prov ed to merely reflect a change in the regist company has been notified in writing of th | ther a of my d vided f ered c his ch | gree to luties, for in office ange. |
| (Signature of Registered Agent) | | | |
| Division of Corporations, P.O. | . Box 6327, Tallahassee, FL 32314 | | |

FILING FEE: \$25.00