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COVER LETTER

TO:	Registration Section Division of Corporations				
*	•			· · · · · · · · · · · · · · · · · · ·	
SUB.	JECT: Del Mar Retail Center, LLC	·.			
	(Name of	Limited L	iabili	ity Company)	
Б	0' 1/-1				
Dear	Sir or Madam:				
The e	enclosed Registered Agent/Registered	Office Ch	ange	and fee(s) are submitted for filing.	
Pleas	e return all correspondence concernin	g this matt	ter to	the following:	
Cliffo	ord Olson			·	
	(Name of Person)			_	
Colo	nial Square Realty				
	(Firm/Company)				
104 11 64	Goodlette Road P.O. Box 10608				
	(Address)			- :	
Nanl	es, Florida 34101				
тарі	(City/State and Zip Code)	 		_	
For f	further information concerning this ma	itter, please	e call	:	
المسارك	Classic	000	,	\253-3636	
Kun	Glogau (Name of Person)	at (239) 233-3636 (Area Code & Daytime Telephone Number	
	(Ivanio di Foisbir)		,	(And Code to Baytime Telephone Italiae)	
	STREET/COURIER ADDRESS:		MA	JLING ADDRESS:	
Registration Section Registration Section					
Division of Corporations Clifton Building Division of Corporations P.O. Box 6327					
	Clifton Building 2661 Executive Center Circle	ahassee, Florida 32314			
	Tallahassee, Florida 32301			•	
	Enclosed is a check for the follow	ing amou	nt:		
	\$25 Filing Fee	Γ	⊐ \$5	5 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 limit	ed liability comp	any is: Del	Mar Retail Center, LL	.C.	····
2. The mailing address of	of the limited liab	ility compa	ny is : 5288 Hawkesbu	ry Way	
Naples, Florida 34119					
02/11/2004			L04000011134	ļ	
3. Date of filing/registra	tion in Florida		4. Document no	umber	
5. The name of the regist Florida Department of	State:	•	office address as show	n on the record	ds of the
	Bartley Realty			_	
	4522 Executiv	Nar e Dr.	ne		
		Addı	ress	_	D 7.
	Naples, FI 341			170	SEC
		City, State	and Zip	07 DEC	2000 E
6. The name and address	of the new regis	tered agent	and/or office:	င်	
	Colonial Squa	re Realty, I	nc.	7	A Company
	/o५8 _1164 Goodlette	Name	2	- မ - 	
	Florida street	address (P.0	D. Box NOT acceptable)	<u>C:</u>
	Naples	FL	34101		
		City, State	and Zip		
If the limited liability co confirmed that after the and the business office of liability company, it is hof the members of the lior the operating agreement.	change or change of the registered a ereby confirmed	s are made, gent will be that the char	the Florida street addrest identical. Or, in the case	ss of the regist se of a Florida zed by an affi	tered office limited rmative vote
(Signature of a unember or author	orized representative of	f a member)	,		
Kurt Glogau					
(Printed or typed name of signe	c)				
I hereby accept the appo comply with the provision and I am familiar with a Chapter 608, F.S. Or, if address, I hereby confin	ointment as regis ins of all statutes nd accept the obl this document is n that the limited	tered agent relative to t igations of f being filed liability co	and agree to act in this he proper and complete my position as registered to merely reflect a chan mpany has been notified	capacity. I fu performance I agent as pro ge in the regis in writing of	rther agree to of my duties, wided for in stered office this change.

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

(Signature of Registered Agent)