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To:

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: (850)617-6380

Account Name

: DUANE MORRIS & HECKSCHER, LLP

Account Number : Il9990000059

Phone

: (305)960-2220

Fax Number

: (305)960-2201

REGISTERED AGENT CHANGE

HARRIS FEDER FAMILY INVESTMENTS, LLC

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EXAMINER

12/28/2007

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Duane Morris*

DUANE MORRIS U.A.
2255 GLADES ROAD, SUITÉ 324A
BOCA RATON, PL 33431
PHONE: 361,988,8715

FAX: 561.988.8716

FACSIMILE TRANSMITTAL SHEET

To:

FL Department of State

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FROM:

Tara L. Miller

DIRECT DIAL:

561.988.8713.

DATE:

January 2, 2008

TOTAL # OF PAGES: (INCLUIDING COVERSHEET)

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MESSAGE:

This Change of Registered Agent was filed via fax on 12/28/07 but as of this time we have not received confirmation of filing.

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Harris

772-286-9609

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

mustions of sections 608 \$16 or 608 308. Florida Statutes, the understoned limited

rursuant to the provi Hability company sult agent, or both, in the S	sions (i) sections out. 7) nits the following statem state of Florida.	o or ogg. 100, realize stateties, the white tent in order to change its registered office	ringhett thinteu Se or reginered
1. The name of the lin	nited liability company is	Harris Feder Furnity Investments, LLC	
2. The mailing addres	s of the limited liability o	company is ; 2981 SW Racquet Club Drive, Pr	elm City, FL 34990
November 21, 2007		L07000117328	1
 Date of filing/regist 	tration in Florida	4. Document number	
5. The name of the reg Florida Department		istered office address as shown on the reco	rds of the
•	Corporation Service	e Company	
		Name	
	1201 Hays Street	Address	
	Tallahaeeaa El 999	Address	
	Tailahassee, FL 9230 City	, State and Zip	
5. The name and addre	ss of the new registered :	·	
	David Harrie		
	2004 CM Consult Of	Name	
	Florida street addres	ss (P.O. Box NOT acceptable)	
	Palm City	<u>гт.</u> 34990	
	Čity.	State and Zip	
if the members of the or the operating agreer	limited liability company		Carrier Winds
आहेगामध्य । स्थानिकान्द्रा सर अस	thorized representative of a memb	(MET) ,	
David Hamis		,	
I mind or typed name of significant of significant of Repeated Agen	pointment us registered of lons of all statutes relative and desept the obligation if this decompant is being the interpretation of the the interpretation of the con-	igeni and agree to act in this capacity. I fi is to the proper and complete parformatic is of my position as registered agent as pro- filed in merely reflect a change in the regi ity company has been notified in writing of	erther agree to of my disties, wieded for in wered office this change.
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, ·	ril.IN	O. Box 6327, Taliahessec, FL 32314 IC FEE: \$25.00	2001 TAL
NHS 18 (8/05)	•		OON DEC 28 AM IO: SECRETARY OF STA ALLAHASSEE, FLOO

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