8/4398

| (Re | questor's Name) |
|-------------------------|------------------------|
| (Ad | dress) |
| (Ad | dress) |
| (Cit | y/State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (Bu | siness.Entity Name) |
| (Do | cument Number) |
| Certified Copies | Certificates of Status |
| Special Instructions to | Filing Officer: |
| | |
| | |
| | |
| | |

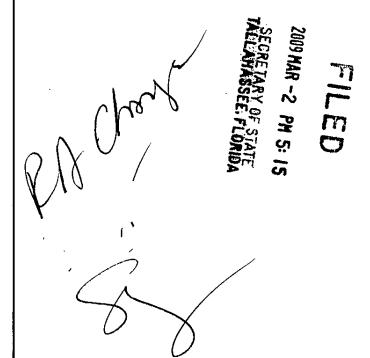
Office Use Only

3.3.09



900144364809

03/02/09--01005--013 **35.00



Emerald Lake Corporate Park 3111 Stirling Road. Fort Lauderdale, Florida 33312-6525 Phone: (954) 987-7550 Fax: (954) 985-4176 US Toll Free: (800) 432-7712

ADMINISTRATIVE OFFICE

3111 STIRLING ROAD FORT LAUDERDALE, FL 33312 800.432.7712 U.S. TOLL FREE

WWW.BECKER-POLIAKOFF.COM BP@BECKER-POLIAKOFF.COM

February 25, 2009

Reply To: Fort Lauderdale Lance D. Clouse, Esq. Direct dial: (954) 364-6020 LClouse@becker-poliakoff.com

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Change in Registered Agent Re:

Dear Sir or Madam:

Enclosed herewith for filing with your office is the Statement of Change for Registered for Taromina Apartments, Inc., along with check no. 0582 in the

FLORIDA OFFICES BOCA RATON

FORT WALTON BEACH

HOLLYWOOD

HOMESTEAD

FORT MYERS

MELBOURNE .

MIAMI NAPLES

ORLANDO PORT ST. LUCIE

5ARASOTA TALLAHASSEE

тамра вау WEST PALM BEACH amount of \$35.00 to cover the filing fee for same.

If you should have any questions in this regard, please do not hesitate to contact the undersigned. Thank you for your prompt attention to this matter.

Very truly yours,

Lance D. Clouse For the Firm

LDC/ms **Enclosures**

cc: Taromina Apartments, Inc.

U.S. & GLOBAL OFFICES

BEIJING +

NASSAU

NEW YORK CITY

PARIS . PRAGUE

TEL AVIV

* by appointment only

ECHE HONDER OF LO PORTUGE AND SELECT

1211

FTL DB: T04371/15140:1173521_1_LCLOUSE 2/25/09

LEGAL AND BUSINESS STRATEGISTS

\bullet STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida. |
|--|
| 1. The name of the corporation: Taromina Apts, Inc. |
| 2. The principal office address: 1936 S. Ocean Drive |
| Hallandale, FL 33009 |
| 3. The mailing address (if different): same as above |
| 4. Date of incorporation/qualification: 03/19/1960 Document number: 814298 |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) |
| Calabro, Carmela |
| 1936 South Ocean Drive, 18A |
| Hallandale, FL 33009 |
| Hallandale, FL 33009 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| Becker & Poliakoff, P.A. |
| c/o Gary A. Poliakoff, J.D. (P.O. Box NOT acceptable) |
| 3111 Stirling Road, Fort Lauderdale, FL 33312-6525 |
| The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. |
| CAROL R THEILER PRESIDENT (Signature of an officer or director) (Printed or typed name and title) |
| I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. |
| 2/17/09 |
| (Signature of Registered Agent) (Date) |
| If signing on behalf of an entity: |
| Gary A. Poliakoff, J.D. (Typed or Printed Name) |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

* * * FILING FEE: \$35.00 * * *