A99000000969

(Requestor's Name)					
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PICK-UP	WAIT	MAIL			
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Certified Copies	Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:					





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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section			
Division of Corporations			
	ea Grande, Ltd. r Limited Liability Limited Partnership)	-	
DOCUMENT NUMBER: A99000000	,		
The enclosed Statement of Change of Registee(s) are submitted for filling.	istered Office and/or Registered Agent and		
Please return all correspondence concerning	ng this matter to:		
John H. Mueller			
(Contact Person)			
(Firm/Company)			
P.O. Box 2939			
(Address)			
Tampa, FL 33601		SEC SEC	
(City, State and Zip Code)		器名	
For further information concerning this ma	itter, please call:	SEE OF	
John H. Mueller (Name of Contact Person)	at (813) 226–1874 (Area Code and Daytime Telephone Number)	08 HAR 24 AM 11: 14 SECRETARY OF STATE TALLAHASSEE FLORID	
Enclosed is a \$35.00 check made payable t	to the Florida Department of State.	Bw ₽	
STREET ADDRESS:	MAILING ADDRESS:		
Registration Section Division of Corporations	Registration Section		
Clifton Building	Division of Corporations P. O. Box 6327		
2661 Executive Center Circle	Tallahassee, FL 32314		
Tallahassee, FL 32301	animinuses, a se esse .		

INHS04 (01/06)

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. MML Boca Gra	nde, Ltd.		
Name of Limited P	artnership or Limited Liability I	Limited Partnership	
2. 06-15-1999	3	A99000000969	
Date of filing/registration in		Florida document number	
4. The name of the registered agent a Department of State:	nd the registered office address	as shown on the records of the	: Florida
Jo	hn H. Mueller	•	
	Name		
10	0 N. Tampa Street, S	uite 2120	0
	Address		30 B
Ta	mpa, FL 33602 US		管事一
	City, State and Zip		哲2 世
5. The name and Florida street address	s of the new registered agent an	d/or office:	PILED FILED STATE SECRETARY OF STATE FALLARIASSEE FLORIDA
Jo	hn H. Mueller		F.S.
	Name		
	2 West Whiting Stree	t, Suite 302	Bu
Florida :	street address (P.O. Box not acc	eptable)	
Ta	mpa Fl	.33602	
<u> </u>	City, State and Zip		
6. Such change(s) is/are effective who	n filed by the Florida Departme	nt of State.	
Signature of General Partner	MAYU LYKES	president of the	he general partner ande, Ltd.
I hereby accept the appointment as re camply with the provisions of all statu and I am familiar with an accept the o	tes relative to the proper and co	implete performance of my du istered agent.	
Signature of Registered Agent			
	35.00	u shriftigs	
Certified Copy (optional): \$5	52.50 (1.5)	2 200	