

# A99 00000/422

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
 Fax Number : (850) 617-6380

From: Account Name : TRIAD PROFESSIONAL SERVICES, LLC  
 Account Number : 120020000094  
 Phone : (770) 777-2081  
 Fax Number : (770) 220-1943

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## REGISTERED AGENT CHANGE

DI LIDO BEACH RESORT, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

T. CLINE

MAY 20 2008

EXAMINER  
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**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. DI LIDO BEACH RESORT, LTD.  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 08/30/1999 3. A99000001422  
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

NRAI SERVICES, INC.  
Name  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
Address  
WESTON FL 33331 US  
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Bruce E. Lazar  
Name  
605 Lincoln Road, 5th Floor  
Florida street address (P.O. Box not acceptable)  
Miami Beach FL 33139  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

[Signature]  
Signature of General Partner

*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 obligations of my position as registered agent.*

Bruce E. Lazar

[Signature]  
Signature of Registered Agent

Filing Fee: \$35.00  
Certified Copy (optional): \$52.50

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