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VALDINI & PALMER, P.A.

DAVID I. VALDINI ANTHONY E. PALMER SHARON FRANZUS-KÜNG LISA A. ROBINSON LEILA M. LUGO CINDY L. OLEA LEONARD W. KLINGEN 5353 NORTH FEDERAL HIGHWAY SUITE 303 FORT LAUDERDALE, FLORIDA 33308 TELEPHONE (954) 776-8115 FACSIMILE (954) 776-8298

August 20, 2004

Via DHL Express

Florida Department of State Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

Re: Articles of Amendment to Articles of Incorporation for 920 Boutwell, L.L.C.

Dear Sir or Madam:

Enclosed herewith please find the original and one copy of the Articles of Amendment to the Articles of Incorporation of 920 Boutwell, L.L.C., Resignation of Registered Agent for a Limited Liability Company, Resignation of Member, Managing Member of Manager, and a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for filing with your office, along with our firm's check in the amount of \$160.00 to cover the fees for same. Kindly forward a certified copy of said Articles to the undersigned in the stamped self-addressed return envelope provided for your convenience.

Should you have any questions with regard to the foregoing, please feel free to contact me.

Very truly yours,

VALDINI & PALMER, P.A.

By

LISA ROBINSON

For the Firm

-LAR: rmg

. . .

Enclosures 677.000

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

LIABILITY COMI	PANY	<i>Ś</i> ,	
Pursuant to the provisions of section 608.416(2) or 608.509, Flo WILLIAM H. MILMOE (Name of Registered Agent)	rida Statutes, the undersigned,, hereby resigns as	1000 1000	
Registered Agent for 920 BOUTWELL, L.L.C.	· · · · · · · · · · · · · · · · · · ·	BOK.	
(Name of Limited Liability Compar	ıy)	. <u> </u>	
L0000000599		, esta	
(Document Number, if known)	71-7-71/6		
A copy of this resignation was mailed to the above listed limited. The agency is terminated and the office discontinued on the 31st		• 4 중 :	
(Signature of Resigning Age	I Cost E	<u></u>	
If signing on behalf of an entity:			
WILLIAM H. MILMOE			
(Typed or Printed Name)		_	
(Capacity)	and the state of 		

FILING FEES

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314