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FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Glenda E. Hood Secretary of State

Letter Number: 504A00065989

2004 DEC -3 P 4: 12

November 19, 2004

SECRETARY OF STATE TALLAHASSEE, FLORIDA

BAMBI SIMS 1666 KENNEDY CAUSEWAY SUITE 610 NORTH BAY VILLAGE, FL 33141

SUBJECT: LIGHTHOUSE POINT ASSOCIATES L.L.C.

Ref. Number: L00000007090

We have received your document for LIGHTHOUSE POINT ASSOCIATES L.L.C. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

## ÇOVER LETTER

TO: Amendment Section Division of Corporations	FILED
SUBJECT: Lighthouse Point Associates, LLC (Name of corporation)  DOCUMENT NUMBER: L00000007090	SECRETARY OF STATE TALLAHASSEE, FLORIDA
The enclosed Statement of Change of Registered Office/Agent and fee are submitted	<del></del>
Please return all correspondence concerning this matter to the following:	a var every
Bamhi Sims (Name of contact person)	· -
Lighthouse Point Associates, LLC (Firm/Company)	
1666 Kennedy Causeway, Suite 610 (Address)	<u>-</u>
North Bay Village, FL 33141 (City/state and zip code)	
For further information concerning this matter, please call:	
Bambi Sims at (305 ) 868- (Name of contact person) (Area code & daytime	5881 stelephone number)
Enclosed is a \$35,00 check made payable to the Department of State,	
Malling Address:  Amendment Section  Division of Corporations P.O. Box 6327  Tallahassee, FL 32314  Street Address: Amendment Section  Division of Corporations P.O. Box 6327  Tallahassee, FL 32314  Street Address: Amendment Section  Amendment Section  Amendment Section  Tallahassee, FL 32314	ations et

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

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

ageni, or boin, in the state of Ftortaa.
1. The name of the limited liability company is: Lighthouse Point Associates, LLC
2. The mailing address of the limited liability company is: 1666 Kennedy Causeway #610 .
North Bay Village, FL 33141
6/16/2000 L0000007090
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:  Thedore L. Klein, Esq.  Name  88 NE 168th Street  Address  North Miami Beach, FL 33162
North Miami Beach, FL 33162  City, State and Zip  6. The name and address of the new registered agent and/or office:  Saralyn Nemser
Name 19032 NE 29th Ave.
Florida street address (P.O. Box NOT acceptable)
Aventura FL 33180  City, State and Zip  If the limited liability company is not organized under the laws of the State of Florida, it is hereby
confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.
(Signature of a member or authorized representative of a member)
Rambi Sims Secretary/Treasurer (Printed or typed name of signee)  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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.
(Signature of Registered Agent)

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

INHS18(10/99)

FILING FEE: \$25.00