L00000007413

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC REGISTERED AGENT CHANGE
LANDMARK RESIDENTIAL MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	$25.00

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TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER
NOV 10 2010

POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT James Miller of ELCO ("the Corporation"), a Corporation formed under the laws of Delaware and of the subsidiary entities shown on the list appended hereto does hereby appoint Barbara Burke and Madonna Cuddihy as attorney-in-fact for the Corporation and for the subsidiary entities to act for the Corporation and for the subsidiary entities and in the name of the Corporation and of the subsidiary entities for the limited purposes authorized herein.

The Corporation and the subsidiary entities, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to change the Corporation's and the subsidiary registered agent and registered office, or the agent and office of similar import, in any state.

In the execution of any documents necessary for the purposes set forth herein, Madonna Cuddihy shall exercise the power of Vice President (or Member/Manager for an LLC) and Anthony LCausi shall exercise the power of Secretary (or Member/Manager for an LLC).

This Power of Attorney expires when revoked by officer of the Corporation.

IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on this 4 day of October ~~2008~~ 2010

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TALLAHASSEE, FLORIDA

ELCO

By Authorized Person: _____
Name: James Miller
Title: CFO

STATE OF FL)
) ss
COUNTY OF HILLSBOROUGH)

Subscribed and sworn to before me this 4 day of October, 2010

_____
Notary Public

MAYA DANIELS
MY COMMISSION # EE 010913
EXPIRES: September 28, 2014
Bonded Thru Notary Public Underwriters

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TALLAHASSEE, FLORIDA

ENTITY NAME
ADMG 191 GP, LLC
ADMG 191 PARTNERS, LP
ADMG CENTURY MILL GP, LLC
ADMG CENTURY MILL PARTNERS LP
ADMG DIPLOMATIC GP, LLC
ADMG DIPLOMATIC PARTNERS LP
ADMG FAIRCAVE GP, LLC
ADMG FAIRCAVE PARTNERS LP
ADMG RIVERVIEW GP, LLC
ADMG RIVERVIEW PARTNERS LP
ADMG TREEHILLS PARTNERS LP
ADMG UNIVERSITY GP, LLC
ADMG UNIVERSITY PARTNERS LP
ASSET DEVELOPMENT AND MANAGEMENT GROUP, LLC
CROWN RIDGE PARTNERS, LLC
DAYTONA SEABREEZE I, LLC
EAST POINTE PARTNERS, LLC
EL CONQUISTADOR PARTNERS, LLC
ELCO LANDMARK RESIDENTIAL HOLDINGS LLC
ELCO LANDMARK RESIDENTIAL MANAGEMENT LLC
EPCR INVESTORS LLC
GRAND ISLES AT BAYMEADOWS, LLC

LAKESIDE NORTH PARTNERS, LLC
LANDMARK AT GRAND MEADOW, LLC
LANDMARK AT GRAND PALMS, LLC
LANDMARK AT SKY TOWER SUITES, LLC
LANDMARK RESIDENTIAL MANAGEMENT, LLC
ROYAL COVE PARTNERS, LLC
ROYAL GREEN PARTNERS, LLC
SEABREEZE MARINA, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LANDMARK RESIDENTIAL MANAGEMENT, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

Firm/Company

Address

City/State and Zip Code

mdaniels@landmarkresidential.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Name of Person at ( ) Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

INHS18 (5/08)

STATEMENT OF CHANGE OF REGISTERED 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.

1. Name of the limited liability company: LANDMARK RESIDENTIAL MANAGEMENT, LLC

2. (a) Principal office address of limited liability company:

☐ *(Note: MUST BE STREET ADDRESS)*

201 ALHAMBRA CIRCLE, SUITE 601
CORAL GABLES FL 33134

(b) Mailing address of limited liability company:

☐ *(Note: MAY BE POST OFFICE BOX)*

825 PARKWAY STREET, SUITE 4
JUPITER FL 33477

6/23/2000
3. Date of filing/registration in Florida

L00000007413
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: FIELDSTONE, RONALD R

Registered Office Address: 201 ALHAMBRA CIR SUITE 601
CORAL GABLES FL 33134

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: C T Corporation System

NEW Registered Office Address: 1200 South Pine Island Road
(MUST BE FLORIDA STREET ADDRESS)
Plantation, FL 33324

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.

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TALLAHASSEE, FLORIDA

Signature of a member or authorized representative of a member

Madonna Cuddihy Manager
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.

By: C T Corporation System
Signature of Registered Agent

Assistant Secretary
Rebecca Barth

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: $25.00

LNHS18 (05/08)

FL015 - 05/07/2009 C T System Online