

SEP 26 2005 7:42PM
DIVISION OF CORPORATIONS

KPM

NO 567 Page 2 of 1

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Florida Department of State
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To:

Division of Corporations
Fax Number : (850)205-0380

From:

Account Name : KLUGER, PERETZ, KAPLAN & BERLIN, P.A.
Account Number : 119990000171
Phone : (305)379-9000
Fax Number : (305)341-3083

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DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

FANTASY OF THE OCEAN, LLC

Certificate of Status	0
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NO. 567 P. 1

KLUGER, PERETZ, KAPLAN & BERLIN P.L.



September 26, 2005

FAX COVER SHEET

To: Division of Corporations

From: Mirna Hormechea, Paralegal

Fax: 850-205-0380

Fax: 305-351-3801

Tel:

Tel: 305-341-3044

Re: (((H05000228762 3)))

File: 4385.2

Dear Sir or Madam,

Please find attached for filing the Statement of Change of Registered Office and Registered Agent for Fantasy of the Ocean, LLC.

Thank you for your attention to this matter. If any questions, do not hesitate to contact me:

Mirna Hormechea
Paralegal

Number of Pages: 3 including this cover page.

Please contact Mirna Hormechea at 305-341-3044 with any questions. Please fax all communications to 305-341-3083.

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NO. 567 P. 3

**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. The name of the limited liability company is: Fantasy of the Ocean, LLC
2. The mailing address of the limited liability company is : 16376 N.E. 18th Avenue, Suite 201
North Miami Beach, Florida 33162

July 6, 2000L00000007985

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:

Lewis R. Shafer, Esq.

Name

3299 N.W. Boca Raton Blvd., Suite 200

Address

Boca Raton, Florida 33431

City, State and Zip

6. The name and address of the new registered agent and/or office:

Miami Center Registered Agents, LLC

Name

201 S. Biscayne Boulevard, Suite 1700

Florida street address (P.O. Box NOT acceptable)

Miami,FL 33131

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)

Enrique Soltanik, Mgr

(Printed or typed name of signer)

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

FILING FEE: \$25.00

INHS18 (8/05)

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