## L00000008845

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SECRETARY OF STATIONS
DIVISION OF CORPORATIONS

J. BRYAN NOV 1 5 2006

## **COVER LETTER**

Division of Corporations	
SUBJECT: FLORIDA FLYWAY F	PROPERTIES, LLC of Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registere	d Office Change and fee(s) are submitted for filing.
Please return all correspondence concerni	ing this matter to the following:
WALTER H. MESSICK	· · · · · · · · · · · · · · · · · · ·
(Name of Person)  WALTER H. MESSICK, P.A.  (Firm/Company)	DIVISION OF CORPORATIONS DIVISION OF CORPORATI
1900 CORPORATE BLVD., SU (Address)	TTE 305 WEST  PH 2: 52  PH 2: 52
BOCA RATON, FLORIDA 33431 (City/State and Zip Code)	
For further information concerning this m	natter, please call:
WALTER H. MESSICK (Name of Person)	at (561 ) 995-8868  (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 follow	wing amount:
<b>✓</b> \$25 Filing Fee	\$55 Filing Fee & Certified Copy

## 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.

100 mg of the control of	1 10, 144.				
1. The name of the limited li	ability company is: J	FLORIDA F	LYWAY PROPE	RTIES, LLC	
2. The mailing address of the	e limited liability com	pany is : 1	06 MILFORD S	TREET, SL	JITE 605
SALISBURY, MD 21804					
7/21/2000			L00000008845		
3. Date of filing/registration	in Florida		4. Document nu		
5. The name of the registered Florida Department of Stat	agent and the registe				ds of the
•	ALTER H. MES	SICK, P.	.A.		
19	1 900 COROPORAT A OCA RATON, FLO	Name ΓΕ BLVD. ddress	., SUITE 200 E	- <u>E</u> AST -	OS HON
6. The name and address of the	ne new registered age	nt and/or o	ffice:		957
<u>19</u>	ALTER H. MESS Na 00 CORPORATE lorida street address (	ame BLVD., S	SUITE 305 WE		SECRETARY OF STATIONS
ВС	OCA RATON	FL 3343	31		
	City, Sta	te and Zip			
If the limited liability compar confirmed that after the chang and the business office of the liability company, it is hereby of the members of the limited or the operating agreement of	ge or changes are mad	de, the Flor be identica	ida street address	s of the regist	tered office
(Signature of a member or authorized	representative of a member)	<del></del>			
•					
(Printed or typed name of signee)					
I hereby accept the appointm comply with the provisions of and I am familiar with and ac Chapter 608, F.S. Or, if this address, I hereby confirm tha	nent as registered age all statutes relative to cept the obligations document is being fil to the limited liability	ent and agre to the prope of my posit ed to merel company h	ee to act in this c er and complete j ion as registered y reflect a chang as been notified	apacity. I fu verformance agent as pro e in the regis in writing of	rther agree to of my duties, wided for in stered office this change.
(Signature of Registered Agent)	<i>y</i> ,	<del></del>	ı	1	
( Brusses or tropingson (report)					

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