L000000 14559

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06/08/05--01052--011 **400.00

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 limite	d liability company is:	Renaiss	sance Garage, LLC		
2. The mailing address of	the limited liability co	mpany is :	c/o A.I. Boymelgreen.	700 Pacific	
Street, Brooklyn, NY 1					
11/27/2000		AC . 2. 3	L00000014559	, 	
3. Date of filing/registrati	on in Florida		4. Document number		
5. The name of the registe Florida Department of S			e address as shown on the r	ecords of the	
	4505 # 45	Name	1.0.11.0000		
	100 Southeast Second Street, Suite 2900 Address			ZΑS	05
		<u> </u>			
	Miami, Florida 3313 City,	State and	Zip	全国	<u>.</u>
Address Miami, Florida 33131 City, State and Zip 6. The name and address of the new registered agent and/or office: Andrew B. Hellinger, Esq.					
Andrew B. Hellinger, Esq.					
Name 200 So. Biscayne Blvd., Suite 3000					91
Florida street address (P.O. Box NOT acceptable)					
	Miami	FL	33131		
	City, S	tate and Z	ip		
confirmed that after the chand the business office of liability company, it is her	nange or changes are methe registered agent with the confirmed that the diability company or af the limited liability confirmed that the limited liability confirmed the liability confirmed t	ade, the Fl ll be ident change(s) as otherwi ompany.	aws of the State of Florida, lorida street address of the rical. Or, in the case of a Fl was/were authorized by an se provided in the articles of	registered off orida limited affirmative	vote of
Andrew B. Hellinger, A	uthorized Represent	ative			
(Printed or typed name of signee)		ar Turk s		.	
I hereby accept the appoint the comply with the provision and I am familiar with an Chapter 608, F.S. Gr. if I address, I hereby confirm	intment as registered as sof all statutes relative d accept the obligation his document is being that the limited liability.	gent and a to the pros s of my po filed to me y compan	gree to act in this capacity. Oper and complete perform Sition as registered agent a rely reflect a change in the y has been notified in writi	I further ag ance of my di is provided fo registered of ng of this cha	ree to uties, ir in fice nge.
(Signature of Registered Agent)		<u> </u>	<u> </u>		

FILING FEE: \$25.00

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

INHS18(10/99)