CT CORPORATION 0000000212 CORPORATION(S) NAME Lynwood Housing Associates, L.L.C. () Profit () Amendment () Merger () Nonprofit () Foreign () Dissolution/Withdrawal () Mark () Reinstatement () Limited Partnership () Annual Report () Other ()LLC () Name Registration (X) Change of RA () Fictitious Name () UCC () Certified Copy () Photocopies () CUS

Name	
Availability	
Document	
Examiner	
Updater	
Verifier	
W.P. Verifier	

() Call When Ready

(x) Walk In

() Mail Out

1/17/02

() Call If Problem

() Will Wait

Order#: 5035059

() After 4:30

(x) Pick Up

400004781874--1

Ref#:

-01/17/02--01011--024 ,*****25.00 *****25.00

Amount: \$____

My row

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

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 manner of the 1::		, 135000		
1. The name of the limi	теп павинту сотра	iny is: LYNWOO	D HOUSING ASSOCIA	ΓES, L.L.C.
2. The mailing address	of the limited liabi	lity company is:	1006 Beckstrom Drive,	Oviedo, FL 32765
01/04/2001			I 01000000012	
3. Date of filing/registra	ation in Florida	=====================================	4. Document number	
o. Dail of imagingibile	mon mi i iorida		4. Document num	Jei
5. The name of the regis Florida Department of	tered agent and the f State:	registered offic	e address as shown or	the records of the
	Becky T. Edwards		44.04.44	
		Name		
	1006 Beckstrom Di			A O
	O-4-4- EL 2276	Address		72
	Oviedo, FL 32765	City, State and	Zip	DZ JAN 17 PHIZ: 17 BECKE FARY OF STATE KLLAHASSI'E, FLORID
6. The name and address	of the new registe	•	-	1-7 SSI SSI
o. The name and address	, or the new registe	sted agent and/or	onice.	ric p
	C T Corporation Sy	stem		
		Name		
•	1200 South Pine Isla			7 0 _A
	Florida street a	ddress (P.O. Box	NOT acceptable)	
	Plantation	FL 33324	Ĺ	
		City, State and Zi	···	
TC:1 1" ". 5 1" 1 *#*.		•	-	
If the limited liability co- confirmed that after the	mpany is not organ	nized under the la	iws of the State of Flo	orida, it is hereby
and the business office o	it the registered age	ent wall be identi	cal ()+ in the case o	Fa Florida limitad
liability company, it is he	ereby confirmed th	at the change(s)	was/were authorized	by an affirmative vote of cles of organization or
the operating agreement	of the limited liabi	ny or as otherwis	e provided in the artic	cles of organization or
By: Nell		miy company.		
(Signature of a member or author	prized representative of a	member)		
Shelly Rubin, a	s/Vice Presider	nt of LNR Lyr		
Inc. a Florida		a managing me	ember -	
(Printed or typed name of signed				
I hereby accept the application	Sintment as register	red agent and ag	gree to act in this cape	acity. I further agree to
comply with the provision and I am familiar with a Chapter 608, F.S. Or, if address, Nereby confirm C.T. Cornoration System	nd accept the oblig	gations of my pos	per una complete per ition as registered as	gent as provided for in
Chapter\608, F.S. Or, if	this document is b	eing filed to mer	ely reflect a change i	n the registered office
C T Corporation System	PETER F. SO	iuoiiiy company NUZA	nus veen noujiea in	vruing of this change.
(Signature of Registere d Agen			·	
		70.7		****
Divisi	on of Corporation	as. P.O. Box 632	7. Tallahassee, FL	32314

Division of Corporations, P.O. Box 6327, Tallanassee, FL 3231

INH\$18(10/99)

FILING FEE: \$25.00