M. ROBERT POLEY \*
LYNNETTE RICH \*

\* ADMITTED IN NEW YORK AND NEW JERSEY

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> FAX (201) 487-1235 email: lrrich@mindspring.com

Florida Secretary of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re:

Statement of Change or Registered Office or Registered Agent or Both for Limited Liability Company for the following companies:

2001 Tallahassee Associates, L.L.C. 2001 Oviedo Associates, L.L.C. 1998 Lake City Associates. L.L.C.

Dear Sir or Madam:

Enclosed herewith are Statement of Change or Registered Office or Registered Agent or Both for Limited Liability Company for the following companies:

2001 Tallahassee Associates, L.L.C. 2001 Oviedo Associates, L.L.C. 1998 Lake City Associates. L.L.C.

together with our check in the amount of \$75.00, representing the filing fee. Please file same and return copies included herewith with the filing information. For your convenience, a postage paid, addressed envelope has been included in which to return the copy of the filed document to me.

Thank you for your consideration in this matter.

Very truly yours,

Poley & Rich, L.L.C.

ynnétte Rich

LRR/ms Enc.



 $\mathbf{BY}$ 

## 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.

agoni, or com, in me stare	, oj 1 10. <b>1</b>				
1. The name of the limite	d liability company is:	2001 Ta	llahassee	Associates,	L.L.C
2. The mailing address of	the limited liability co	ompany is:	15 Maple	Avenue,	
Morristown, Ne	w Jersey 079	160			
IIOTITIOCOMITY AC	" OCEDCY 075				•
2/15/01	·	_	L01000002	514	
3. Date of filing/registrati	on in Florida	4.	Document nur	nber	
5. The name of the register Florida Department of S		stered office ad-	dress as shown (	on the records of t	he
<sub>-</sub> ,	Paul S. Ferb	er		TAE 82	
	151 Sawgrass	Name Corners l	Drive #202		711
	Ponte Vedra			ARY (	FILED
	City,	State and Zip		TO	0
6. The name and address of	of the new registered as	gent and/or offi	ce:	AM 10: 26 Y OF STATE EE, FLORID	
_	Harvey B. Ho	ffman		AGE AGE	
_	4851 Tamiami	Name <b>Trail No</b> m	rth, Suite	300	-
	Florida street address	s (P.O. Box <b>N</b> C	T acceptable)		
	Naples	FL 3410	03		
•	City, S	tate and Zip			•
If the limited liability components of the chand the business office of liability company, it is here the members of the limited the operating agreement of The hampshire 20	ange or changes are m the registered agent wi eby confirmed that the I liability company or a f the limited liability co	ade, the Florida ill be identical. change(s) was as otherwise prompany.	a street address Or, in the case /were authorize ovided in the ar	of the registered of of a Florida limite d by an affirmative ticles of organizat	ffice d
(Signature of a member or authorize	ed representative of a membe	er)			**
Made of Oraco					
(Printed or typed name of signee)	<u> </u>	······································	-		-
I hereby accept the appoir comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, Thereby confirm (Signature of Registered Agent)	itment as registered as of all statutes relative accept the obligation its document is being fithat the limited liabilit	gent and agree to the proper s of my position filed to merely i y company has	to act in this ca and complete po 1 as registered o reflect a change been notified ir	pacity. I further a erformance of my agent as provided in the registered a writing of this ch	igree to duties, for in office ange.

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

INHS18(10/99) FILING FEE: \$25.00