

L010000003568

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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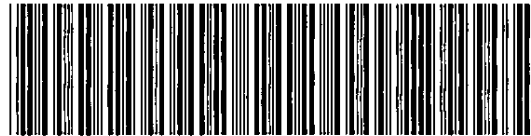
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
08 MAY 30 AM 10:45  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

JUN 13 2008

EXAMINER

**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: ACP WESTSHORE MANAGER LLC

2. The mailing address of the limited liability company is : \_\_\_\_\_

444 BRICKELL AVENUE, SUITE 900 MIAMI FL 33131

03/08/2001

L01000003568

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:

LEGAGNEUR, NATHALIE

\_\_\_\_\_  
Name

444 BRICKELL AVENUE SUITE 900

\_\_\_\_\_  
Address

MIAMI FL 33131 US

\_\_\_\_\_  
City, State and Zip

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

C T Corporation System

\_\_\_\_\_  
Name

1200 South Pine Island Road

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

Plantation

FL

33324

\_\_\_\_\_  
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.

Anthony LiCausi  
(Signature of a member or authorized representative of a member)

Anthony LiCausi, Attorney in Fact

(Printed or typed name of signee)

*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.*

By: Anthony LiCausi

(Signature of Registered Agent)

Anthony LiCausi  
**Vice President**

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

FILING FEE: \$25.00

INHS18 (8/05)