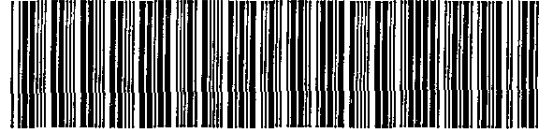


L01000003640

2004 MAY 10 P 3:15

(Requestor's Name)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



000035427760

(Address)

(Address)

SMOLER, LERMAN, BENTE & WHITEBOOK, P.A.  
2611 Hollywood Boulevard  
Hollywood, Florida 33020

05/07/04--01050--005 \*\*125.00

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only

**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: C.Z. Investments, LLC
2. The mailing address of the limited liability company is: 400 Surfside Blvd.  
Surfside, Florida 33154
3. Date of filing/registration in Florida: 3/9/01
4. Document number: L01000003640

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Darrow, Kenneth F., Esquire

Name

9400 South Dadeland Blvd., PH5

Address

Miami, Florida 33156

City, State and Zip

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

LUCIA ZAFFARONI

Name

6691 NW 169 ST

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

MIAMI FL 33015

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.

LUCIA ZAFFARONI

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

LUCIA ZAFFARONI

(Printed or typed name of signer)

*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.*

LUCIA ZAFFARONI

(Signature of Registered Agent)

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

FILED  
2004 MAY 10 P 3:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA