· L01000000435.8

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T. Brumbley APR 2 0

COVER LETTER

TO: Amendment Section Division of Corporation	ons	·•	
SUBJECT: EIGHTY TWENT	Y NINE, LLC (Name of co	rporation)	
DOCUMENT NUMBER: LO	1000004358		
		/Agent and fee are submitted for filin	ıg.
Please return all corresponden	ce concerning this matter	to the following:	
JAMES H.	BATMASIAN		
	(Name of con	tact person)	
INVESTMENT	S LIMITED (Firm/Con	mpany)	 ,
215 N. FEDI	ERAL HIGHWAY (Addr	ess)	and and and a
BOCA RA	TON, FLORIDA 33432		
<u> </u>	(City/state an	d zip code)	
For further information concer	ning this matter, please ca	all:	
JAMES H. BATMASIAN (Name of conta	ct person)	at (561) 392-8920 (Area code & daytime telephon	e number)
Enclosed is a \$35.00 check ma	de payable to the Departr	ment of State.	05 AF
Amen Divisi P.O. E	ng Address: dment Section on of Corporations sox 6327 assee, FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399	FILED 05 APR 19 PM 12



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 5, 2005

JAMES H. BATMASIAN INVESTMENTS LIMITED 215 N FEDERAL HWY BOCA RATON, FL 33432

SUBJECT: EIGHT TWENTY NINE, LLC

Ref. Number: L01000004358

We have received your document for EIGHT TWENTY NINE, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records indicate the correct name of your entity is as it appears on the enclosed computer printout. If you wish to amend your name, please see the enclosed information for fees and instructions. Otherwise, the name must be corrected throughout your document.

The form you submitted is to change the registered agent of a corporation.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley Document Specialist

Letter Number: 405A00023153

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:	IGHT TWENTY NINE, LLC
	pany is: 215 N. FEDERAL HWY
SUITE I, BOCA RATON, F	
03 19 2001	L01000004358

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:

MERRILL A. BOOKSTEIN

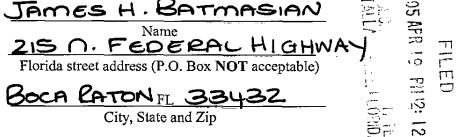
Name

2499 GIADES ROAD, SUITE 308

BOCA RATON, FL 33431

City State and Zin

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



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.

(Signature of plants of tuthorized representative of a member)

(Printed of 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 familiariwith and accept the obligations of my position as registered agent as provided for in Chapter 608, If St. 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.

(Signature of Registered Agens)

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

FILING FEE: \$25.00

INHS18(10/99)