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DIVIDION OF CORFORATION
TAIL AHASSEE, FLORIDA

FIELDSTONE LESTER SHEAR & DENBERG, LLP ATTORNEYS & COUNSELLORS AT LAW

RONALD FIELDSTONE, P.A. PAUL A. LESTER, P.A. DAVID SHEAR, P.A. MICHAEL B. DENBERG, P.A.

KENNETH R. DREYFUSS ANA V. DE VILLIERS STEVEN A. GOLD REBECCA L. ABRAMS SUNTRUST PLAZA, SUITE 601 201 ALHAMBRA CIRCLE CORAL GABLES, FLORIDA 33134 TELEPHONE 305.357.1001 FACSIMILE 305.357.1002 OF COUNSEL:

ROBERT E. DADY, P.A. ALSO MEMBER N.Y. BAR

LEE J. OSIASON, P.A.

MICHAEL J. ROSENBAUM, P.A.

August 18, 2004

Florida Department of State Division of Corporations Registration Section 409 E. Gaines Street Tallahassee, FL 32399

Gentlemen:

Enclosed you will find Statements of Registered Agent for filing together with a check in the \$10.00, representing the filing fees.

If you have any questions, please feel free to contact our office.

Sincerely

Panald P. Fieldstone

RRF\cs

Encls.

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 limite	d liability company is:	CHUCK & JOE HOLDINGS XI LLC	•
		npany is : P.O. BOX 265400	
DAYTONA BEACH, FL			
10/19/01		L01000018076	·
3. Date of filing/registrati	on in Florida	4. Document number	
5. The name of the registe Florida Department of S	red agent and the registe State: RONALD R. FIELDS	ered office address as shown on the records of the	
	201 ALHAMBRA CI		₹.
	CORAL GABLES, F	Address L 33134 State and Zip	7
6. The name and address of	• •	ent and/or office:	ببر
	CHARLES A. BRAY		U
	600 NORTH ATLAN	TIC AVENUE	ن
	Florida street address	(P.O. Box NOT acceptable)	
	DAYTONA BEACH	FL 32118	
	City, Sta	ate and Zip	
confirmed that after the chand the business office of liability company, it is her the members of the limited the operating agreement of the company.	lange or changes are mathe registered agent will eby confirmed that the call liability company or as fithe limited liability confirmed that the confirmed that the confirmed that the limited liability confirmed that the liability confirmed the liability confirmed that the liability confirmed the liability confirmed that the liability confirmed that the liability confirmed the liability confirmed that the liability confirmed that the liability confirmed that the liability confirmed the liability confirmed that the liability confirmed that the liability confirmed the liability	nder the laws of the State of Florida, it is hereby de, the Florida street address of the registered office I be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative votes otherwise provided in the articles of organization or mpany.	of
Signature of a member or authori	zed representative of a member)	,	
(Printed or typed name of signee)	A. Bray		-
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm (Signature of Registered Agent)	17)	ent and agree to act in this capacity. I further agree to the proper and complete performance of my duties of my position as registered agent as provided for in led to merely reflect a change in the registered office company has been notified in writing of this change.	to
Division	n of Corporations, P.O	D. Box 6327, Tallahassee, FL 32314	

FILING FEE: \$25.00

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