L01000020416

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DIVISION OF CURPORATIONS





July 20, 2005

Amendment Section Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Re:

Heartwood 7, LLC

Document No. L01000020416

To Whom It May Concern:

Enclosed please find a Statement of Change of Registered Office/Agent for filing with your office, along with our check in the amount of \$25.

If you require further information, kindly contact the undersigned at:

BankAtlantic 2100 West Cypress Creek Road Fort Lauderdale, FL 33309

Phone: 954-940-6398

Thank you for your attention to this matter.

Very truly yours,

Jariet Quinn

Paralegal

/jlq Enclosures

7 days a week.

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:	Heartw	ood 7, LLC			
			2100 West Cypress C	reek Ro	oad	
Fort Lauderdale, FL 3		pail 10				 -
11/28/01		<u></u> ,	L01000020416			
3. Date of filing/registration in Florida		٠	4. Document number			
	red agent and the regis		e address as shown on the	records	of the	
	2100 West Cypress	Name S Creek R	load			
	Fort Lauderdale, Fl	Address _ 33309 State and	Zip		05 JUL 26	DIVISION
6. The name and address of	of the new registered ag	gent and/o	r office:		26	FAR.
	James A. White	<u></u>			PM 3: 38	2500 C
	2100 West Cypress	Name Creek R	oad		డ్లు చ	RATI
•	Florida street address	(P.O. Bo	x NOT acceptable)	•	æ	OHS."
	Fort Lauderdale,	FI. 33	309			
	City, S	tate and Z	ip			
confirmed that after the chand the business office of liability of many it is her	lange or changes are mathe registered agent with eby confirmed that the Manager or a the limited liability confirmed liability liability confirmed liability liability confirmed liability liability confirmed liability	ade, the Fill be ident change(s) as otherwishmpany.	aws of the State of Florida orida street address of the ical. Or, in the case of a Fl was/were authorized by arse provided in the articles of	registere lorida lir affirma	ed offi mited ative v	ate of
James A. White, Manag	ger					
(Printed or typed name of signee)			-			
I hereby accept the appoint comply with the provisions and I am familiar with an Chapter 108, (F.S. On fift) address, I hereby confirm (Signature of Registered Agent)	ntment as registered ag s of all statutes relative l accept the obligations his document is being f that the limited liability	gent and age to the pro s of my po. iled to me y company	gree to act in this capacity, per and complete perform sition as registered agent a cly reflect a change in the has been notified in writing	I furth ance of is provid register ng of thi	er agr my du led for red off s chan	ee to ties, : in ice ge.

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

FILING FEE: \$25.00

INHS18(10/99)