L01000020424

(Re	questor's Name)	
·	·	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
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(Bu	siness Entity Nam	ne)
(Do	cument Number)	<u> </u>
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07/26/05--01037--015 **25.00





July 20, 2005

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

> Re: Heartwood 14, LLC

> > Document No. L01000020424

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,

Janet Quinn

Páralegal

/ilq **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 limit	ed liability company is:	Heartwoo	d 14, LLC		
2. The mailing address of				ress Creek R	oad
Fort Lauderdale, FL			<u>-</u>		·
11/28/01			L01000020424		
3. Date of filing/registration in Florida		٠	4. Document number		
5. The name of the regist Florida Department of	ered agent and the regist State: St. John Daugherty	tered office a	address as shown	on the records	of the
	2100 West Cypress	Name Creek Roa	nd	_	
	Fort Lauderdale, FL	Address . 33309 State and Zij	2	_	DIVISION OS
6. The name and address	2.	•			户路
	James A. White				6 COX
	2100 West Cypress	lame Creek Roa	d		NEIGHTARY OF OR ATIONS OF JUL 26 PM 3: 30
	Florida street address	(P.O. Box N	(OT acceptable)	•	30 35
	Fort Lauderdale,	FL 3330	9	_	
	City, St	ate and Zip			
If the limited liability conconfirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement of the limite the limited that the	hange or changes are ma the registered agent will reby confirmed that the o d liability company or as the limited liability con	ide, the Flori l be identica change(s) was s otherwise p mpany.	da street address l. Or, in the case s/were authorize	of the registere of a Florida lined of by an affirm	ed office mited ative vote of
James A. White, Mana	ıger				
(Printed or typed name of signee)			``		
I hereby accept the appoint the provision and I am familiar with an Chapter 608, F.S. Or if address, I hereby confirm (Signatury or Registered Agent)	intment as registered age is of all statules relative d accept the obligations his document is being fil that the limited liability	ent and agre to the prope of my positi led to merely company ho	e to act in this ca r and complete p on as registered v reflect a chang is been notified i	apacity. I furth erformance of agent as provic e in the registen n writing of thi	er agree to my duties, ded for in red office s change.

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

FILING FEE: \$25.00

INHS18(10/99)