L01000020432

(Requestor's Name)				
(Address)				
, ,				
/Address A				
(Address)				
(City/State/Zip/Phone #)				
<u></u>				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dusiness Linuty Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



200057532472

07/26/05--01037--022 **25.00

SECRETARY OF SIALE OF CORPORATIONS





July 20, 2005

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

Re:

FT Properties, LLC

Document No. L01000020432

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

Jahet 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 limi	ted liability company is: _	FT Properties, LLC	
		pany is: 2100 West Cypress Cr	eek Road
Fort Lauderdale, FL		•	
11/28/01		L01000020432	
3. Date of filing/registration in Florida		4. Document number	
5. The name of the regis Florida Department o	f State: St. John Daugherty N	ed office address as shown on the r	ecords of the
	Fort Lauderdale, FL	ldress	SEGRET BIVISION
6. The name and address	s of the new registered agen	at and/or office:	26 SE
	James A. White		3 P. C.
	Na 2100 West Cypress C	me reek Road	STATE
	Florida street address (F	P.O. Box NOT acceptable)	50 5F
	Fort Lauderdale,	_{FL} 33309	
	City, State	e and Zip	
confirmed that after the and the business office of liability company, it is he the members of the limit the operating agreement.	change or changes are made If the registered agent will be ereby confirmed that the ch	der the laws of the State of Florida, e, the Florida street address of the rose identical. Or, in the case of a Florida ange(s) was/were authorized by an otherwise provided in the articles opany.	egistered office orida limited affirmative vote of
James A. White, Man			
(Printed or typed name of signe	e)		
I hereby accept the appropriate the provision of the prov	#(/ <u>J</u>	nt and agree to act in this capacity. The proper and complete performe I my position as registered agent as A to merely reflect a change in the Company has been notified in writin	I further agree to mee of my duties, sprovided for in registered office g of this change.

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

INHS18(10/99)

FILING FEE: \$25.00