-L0200000356

FREEMAN, BUTTERMAN, HABER & ROJAS, LLP. 520 Brickell Key Drive, Suite 0-305, Miami, Fl 33131

City/State	#∠ip riione	i i i i i i i i i i i i i i i i i i i	Office Use Only		
CORPORATION	NAME(S) & DOCU	MENT NUMBER(S	S), (if known):		
1(Cor	poration Name)	(Document :	#)		
2(Cor	poration Name)	(Document :	#)	02 FEB	
	poration Name)	(Document 7	#)	FILED B - 7 PM TARY OF	
4(Cor	poration Name)	(Document ;	#)	H I: 37	
□ Walk in [□ Mail out [Pick up time Will wait	Photocopy	Certified Copy Certificate of Statu	S	
NEW FILINGS	AMENDME			~ 1 -	
Profit	Amendment		102-	- 254	
NonProfit	Resignation of R.	A., Officer/Director	Ç00	V	
Limited Liability	Change of Regist	ered Agent	\cap \cap	,	
Domestication	Dissolution/With	drawal	y		
Other	Merger				
OTHER FILINGS	REGISTR		6000048 -02/11/0)201002007	
Annual Report	QUALIFIC	ATION	****11[1.00 *****25.00	
Fictitious Name	Foreign				
Name Reservation	Limited Partnersh	<u>1</u> p			
	Reinstatement				
	Trademark			F # ~ @	
	Other			FF \$25.00	

Examiner's Initials

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.

5 ,,	- oj z rovimu.				
1. The name of the limite	d liability company is:j	1528 Brickel	1 Avenue. LLC		
2. The mailing address of				Suite 712	<u> </u>
	<u> </u>		i, Florida 3313		
January 4, 2001		L02	000000356		
3. Date of filing/registration in Florida			4. Document number		
5. The name of the register Florida Department of S	red agent and the registere	ed office addres	s as shown on the re	ecords of the	
	Transglobal Corp	orate Admin	istration, Inc.		
	Na	ame	· · · · · · · · · · · · · · · · · · ·		., .
	520 Brickell Key	<u> </u>	te 0-305		
		dress			
	Miami, Florida 3	3131 te and Zip	· .		
(Tl. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	City, Sta	te and Zip		CR P	
6. The name and address of	I the new registered agent	and/or office:		FEB -7 CRETARY LAHASSE	ــــــــــــــــــــــــــــــــــــــ
_	Gabriela M.M. Gu	imaraes		111	
_	Nan	ne	•	PM 1: 3: OF STATE E. FLORIC	ED
_	25 S.E. 2nd Avenu			15. 15. 14. 15.	
	Florida street address (P.	O. Box NOT a	cceptable)	37 ADE	
_	Miami F]	33131		A	
	City, State	and Zip	<u>.</u>	•	
If the limited liability comp confirmed that after the cha and the business office of the liability company, it is here the members of the limited the operating agreement of	the registered agent will be by confirmed that the challiability company or as of the limited liability comp	the Florida street identical. Or,	eet address of the re- in the case of a Flor	gistered office ida limited	of
(Printed or typed name of signee)	APAES				
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if this address, I hereby confirm the Computer of Registers (Albert)	tment as registered agent of all statutes relative to t accept the obligations of is document is being filed but the limited liability con	and agree to a he proper and i my position as to merely reflec mpany has been	ct in this capacity. I complete performan registered agent as post a change in the ren notified in writing	further agree to ce of my duties, provided for in gistered office of this change.	,

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

INHS18(10/99)

FILING FEE: \$25.00