L02'000001113

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone #	<u> </u>
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
		ارر.ا.
		Hall
	Office Use Only	1000



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SASS ASSESSIBLE STATE

M2 -1 MIII

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:	Chatham Pines Apartmer	nts, LLC
		mpany is : 11301 Olive Bou	
St. Louis, MO 63141			
3/21/02		L0200000711	· 3
3. Date of filing/registration in Florida 4. D		4. Document nui	mber
5. The name of the registe Florida Department of 3		tered office address as shown	on the records of the
	6763 SW 88th Stree		
	Miami, FL 33156	Address State and Zip	•
C 771	•	•	
6. The name and address of		ent and/or office:	
	Sybil C. Field	~	
	9150 SW 87th Aven	Name nue, Suite 201	
	Florida street address	(P.O. Box NOT acceptable)	
	Miami, FL 33176	FL	17. 17. 17.
	City, St	ate and Zip	05 APR
confirmed that after the chand the business office of liability company, it is her the members of the limited the operating agreement of the limited t	ange or changes are mathe registered agent will eby confirmed that the I liability company or a f the limited liability co		florida, it is hereby! of the registered office of a Florida limited d by an affirmative vote of
(Signature of a member or authori	zed representative of a member)	
Robert Greene			
(Printed or typed name of signee)			
I hereby accept the appoing 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)	ntment as registered ag s of all statutes relative l accept the obligations his document is being fi that the limited liability	ent and agree to act in this ca to the proper and complete p of my position as registered of led to merely reflect a change company has been notified in	pacity. I further agree to erformance of my duties, igent as provided for in in the registered office writing of this change.
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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

FILING FEE: \$25.00