T09000010891

4				
(Re	questor's	Name)		
WARR	EN J. I	ROY, P	P.A.	: · ·
Certified Pi	ublic Acco	untant		
2631 East Fore Laub				
	•		-	
			····	
(City	//State/Zi	p/Phone #	F)	
PICK-UP	WAIT		MAIL MAIL	
(Bus	siness En	tity Name)	<u></u>
(Do	cument N	umber)		
•		Í		
Certified Copies	Cer	tificates c	of Status	
	-		-	
Special Instructions to I	-iiing Offi	cer.		į
Nam e Availabili ty				
				l
Document Empirer	DUC			
Updater	Office	use Only		
. r'aler earyer	FCC			
cono yledgement	DCC			
P. Verifyer	UUC			



000008679520

11/12/02--01075--015 **25.00

OZ NOV IZ PHIZ: 59

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	ted liability compan	y is: PHD De	velopment LLC		
2. The mailing address				ircle	
Weston, FL 33327	• • • • • • • • • • • • • • • • • • •	-g is eliment and an a	-		
04/30/02			L02000010821		
3. Date of filing/registration in Florida			4. Document number		
5. The name of the regis Florida Department of		registered office	address as shown o	on the records of the	
	1592 Blue Jay	Name Circle		-	
	Weston FL 333	and the second second	<u>:</u>	· · · · · · · · · · · · · · · · · · ·	
6. The name and address		City, State and 2 ed agent and/or	•		
	Adnan Kabarra	l		02 SE	
	Name 1592 Blue Jay Circle			FILE MOV 12 CRETAIN LANASSE	
	Florida street ad	dress (P.O. Box	NOT acceptable)	FILED OV 12 PM MINSSEE, F	
	Weston	FL 3333	27	FERN CO	
	Ci	ity, State and Zi	p	5 <u>m</u> ഗ	
If the limited liability co confirmed that after the and the business office cliability company, it is he members of the limit the operating agreement	mpany is not organi change or changes a of the registered age ereby confirmed that ted liability compan of the limited liabil	zed under the lare made, the Flont will be idention the change(s) y or as otherwisity company.	tws of the State of Forida street address of the case was/were authorized e provided in the arr	Florida, it is hereby of the registered office of a Florida limited by an affirmative vote of ticles of organization or	
(Signature of a member or author	orized representative of a r	namhar)	-		
a member of author		-			
(Printed or typed name of signe	BBARA_	· · · · · · · · · · · · · · · · · · ·	_ · <u>#</u> _	· ····································	
I hereby accept the app comply with the provision and familiar with a Chapter 608 F.S. Or is	ointment as register ons of all statutes re ind accept the obliga- of this document is be	red agent and ag lative to the pro ations of my pos	rree to act in this ca per and complete po ition as registered of why reflect a change	pacity. I further agree to erformance of my duties, agent as provided for in on the registered office	

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

INHS18(10/99)

FILING FEE: \$25.00

hereby confirmythat the limited liability company has been notified in writing of this change.