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## CARLTON FIELDS

ATTORNEYS AT LAW

April 27, 2004

4000 International Place 100 S.E. Second Street Miami, Florida 33131-9101 P.O. Box 019101 Miami, Florida 33131-9101

305,530,0050 305,530,0055 fax www.carltonfields.com

**VIA OVERNIGHT COURIER** 

Florida Secretary of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Re:

CHANGE OF REGISTERED AGENT

Dear Sir/Madam:

Enclosed please find a Statement of Change of Registered Agent for the following entities:

- Bengo Ontivero Holdings, LLC
- Bengo 8 Beach Property Management, LLC
- Ontivero 5 Beach Property Management, LLC
- 353 Hil-Del Property Management, LLC
- 2363 Hil-Del Property Management, LLC
- 2929 Del-Hil Property Management, LLC
- 34 Del-Hil Property Management, LLC
- 360 Del-Hil Property Management, LLC
- 330 Hil-Del Property Management,, LLC
- 50 Del-Hill Property Management, LLC
- 340 Del-Hill Property Management, LLC
- 325 Del-Hill Property Management, LLC
- 335 Del-Hill Property Management, LLC
- 470 Del-Hill Property Management, LLC
- 2200 Del-Hill Property Management, LLC

Also enclosed is a check in the amount of \$375.00 to cover the filing fees for same. Please process the statements at your earliest convenience and kindly return a date-stamped copy of this letter to my attention (a self-addressed envelope is provided for your convenience).

Thank you for your assistance.

Sincerely,

Annette Deleon Corporate Paralegal

Enclosures

cc: Hilda Bengochea

MIA#2306543.1

## STÄTEMENT 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	ed liability company is:	353 Hil-Del Property Ma	nagement, LLC	
		mpany is: 366 SW 22nd F		
Miami, FL 33129	the inflied hability co.	inpany is .		
Wildilli, L. 33129			·	
05/02/2002 L0200001102		22		
3. Date of filing/registrat	ion in Florida	4. Document no	ımber	
5. The name of the register Florida Department of		ered office address as shown	on the records of the	
	2699 S. Bayshore D	Name Prive, 7th Floor		
	Miami, FL 33129	Address	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	City,	State and Zip	22	
6. The name and address of the new registered agent and/or office:				
	Delia Ontivero			
	366 SW 22nd Road		1:20	
	Florida street address	(P.O. Box NOT acceptable)	)	
	Miami	FL 33129	_	
	City, S	tate and Zip		
confirmed that after the cl and the business office of liability company, it is her	nange or changes are manned the registered agent will reby confirmed that the disability company or a	ander the laws of the State of ade, the Florida street addres ll be identical. Or, in the cas change(s) was/were authorizes otherwise provided in the company.	s of the registered office e of a Florida limited ted by an affirmative vote of	
Delia duti	verti-			
(Signature of a member or author	ized representative of a membe	r)		
Delia Ontivero, Authori	•			
(Printed or typed name of signee)				
I hereby accept the appoint the comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm	intment as registered ag is of all statutes relative d accept the obligation this document is being f that the limited liabilit	eent and agree to act in this of to the proper and complete s of my position as registered lied to merely reflect a chan y company has been notified	capacity. I further agree to performance of my duties, I agent as provided for in ge in the registered office in writing of this change.	

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

INHS18(10/99)

Welie Onteres,

(Signature of Registered Agent)

FILING FEE: \$25.00