

| (Requestor's Name) |
|---|
| (Address) |
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| (City/State/Zip/Phone #) |
| PICKLED. WAIT MAIL |
| ne) |
| |
| Marina Mile Business Park, L.L.C. |
| 782 NW 42 Avenue Fof Status Miami, Florida 33126 |
| Special Instructions to Filing Officer: |
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Office Use Only

SECRETARY OF STATE TALLAHASSEE, FLORIDA



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SECKLIARY OF STATI TALLAHASSEE, FLORII

FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

December 30, 2003

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MARINA MILE 782 NW 42 AVE. SUITE 555 MIAMI, FL 33126

SUBJECT: MARINA MILE BUSINESS PARK, L.L.C.

Ref. Number: L02000013387

We have received your document for MARINA MILE BUSINESS PARK, L.L.C.. However, the document has not been filed and is being returned for the following:

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Letter Number: 503A00069300

Agnes Lunt Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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 | ed liability company is: | MARINA MI | E BUSINESS PARK | LieLieCe . | |
|---|--|---|--|--|--|
| 2. The mailing address of | f the limited liability comp | any is : <u>7</u> 8 | 32 N.W. 42nd Ave | . Ste. #555, | |
| | | Miami, Florida 33126 | | | |
| 5/23/02 | 1.0200001.3387 | | | | |
| 3. Date of filing/registrat | ion in Florida | 4 | 4. Document nur | nber | |
| 5. The name of the registe Florida Department of | ered agent and the registere State: | ed office a | ddress as shown o | on the records of the | |
| _ | Jeff E. Rubin, | Esq. | | | |
| | | ame | | | |
| | 2699 S. Bayshon | | ≥• 600C | | |
| | | dress | | TAS P | |
| Miami, Florida 33133 City, State and Zip | | | | FG & T | |
| | City, Sta | ite and Zip | 1 | | |
| 6. The name and address | of the new registered agent | t and/or of | fice: | 385 | |
| | Jeff E. Rubin, Es | q. | - | mg · | |
| | Nan 1320 S. Dixie Hig | | . 881 | JAN 16 PH 12: 25 AHASSEE, FLORIE | |
| | Florida street address (P | .O. Box N | OT acceptable) | DE DI | |
| | Coral Gables, F | <u>L</u> | 33146 | | |
| | City, State | and Zip | | | |
| confirmed that after the cl and the business office of liability company, it is her the members of the limite | d liability company or as of the limited liability comp | e, the Flori se identical ange(s) wa otherwise r | da street address . Or, in the case s/were authorize | of the registered office of a Florida limited d by an affirmative vote of | |
| A.J. Cabrera, Jr., /Pr (Printed or typed name of signee) | | ······································ | | | |
| I hereby accept the apportunity with the provision and I am familiar with an Chapter 608, F.S. On, if the address, I hereby confirm (Signature of Registered Agent) | intment as registered agents of all statutes relative to d accept the obligations of his document is being filed that the limited liability co | t and agre the prope fmy positi d to merely ompany ho | e to act in this ca r and complete p on as registered o reflect a change is been notified in | pacity. I further agree to erformance of my duties, igent as provided for in in the registered office in writing of this change. | |

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

INHS18(10/99)

FILING FEE: \$25.00