102000014515

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(Address)
(Address)
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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 31, 2005

RUSS OASIS 4840 SW 80 STREET MIAMI, FL 33143

SUBJECT: 161 NORTH BEACH, LLC

Ref. Number: L02000014515

We have received your document for 161 NORTH BEACH, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the attached form to change the Registered Agent information for this Limited Liability Company, the form submitted is for a Corporation.

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) 245-6967.

Letter Number: 105A00065488

Michelle Hodges Document Specialist

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

COVER LETTER

TO: Registration Section Division of Corporations	• —
SUBJECT: 161 North (Name of Limited	Beach LLC d Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	atter to the following:
RUSS Dasis (Name of Person) 161 North Beach LLC (Firm/Company) 4840 SW 80 Street (Address) MIAMI FC 33143 (City/State and Zip Code)	
For further information concerning this matter, ple	ase call:
Rebeca Fong at (Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amo	ount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

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:	161	North Bed	ich LL	C	
	the limited liability compa		11-1-1-	DIXIE	Hy	UU
	RAL GABLES		33/46			7
6-11-02			L020000	01451	5	
3. Date of filing/registrat		- -	Document numb			
5. The name of the registe Florida Department of	Kichard F 9155 S. DA Addi	Friend me DELAN ress				
6. The name and address	City, State City, State of the new registered agent RUSS Oas Name 4840 SW STATE Florida street address (P.6	sis 80 st	reet	TALLAHAS EF	05 NOV 22 PH	
	MIAMI FL City, State	and Zip	33143		9	
confirmed that after the cland the business office of liability company, it is he of the members of the ligor the operating agreement	apany is not organized under hange or changes are made, the registered agent will be relay confirmed that the cha- fitted liability company or a not of the limited liability cor- ized representative of a member)	the Florida	a street address of	f the registers	nd offi	ce rote tion
RUSS DOS (Printed or typed name of signee)					-	
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, Hereby confirm	intment as registered agent is of all platules relative to t ad accept the abligations of this accument is being filed that the limited liability co	and agree the proper my position to merely t mpany has	to act in this cap and complete per n as registered ag reflect a change i been notified in v	acity. I furth formance of i ent as provia n the register writing of this	er agr ny du led foj ed off s chan	ee to ties, in ice ge.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00