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SECRETARY OF STATEONS DIVISION OF CORPORATIONS

J. BRYAN JUN - 6 2006

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MDS Property Group, L.L.C. (Name of Limited	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	natter to the following:
Gary S. Phillips, Esq. (Name of Person)	
Phillips, Cantor & Berlowitz, P.A. (Firm/Company)	06 JI
4000 Hollywood Blvd.	06 JUN -2 PH 12: 38
(Address)	PH PH
Hollywood, FL 33021 (City/State and Zip Code)	06 JUN -2 PH 12: 38
For further information concerning this matter, ple	ase call:
(Name of Person) at ((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

INHS18 (8/05)

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.

04-28-04	L0200026733 L040003232 0	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registe Florida Department of State: Gary S. Phillips, Es		
4000 Hollywood Blvd A Hollywood, FL 3302	Name	
4000 Hollywood Blvd Florida street address (Hollywood	7. ALC: 38	
and the business office of the registered agent will liability company, it is hereby confirmed that the c	de, the Florida street address of the registered office	

(Signature of a member or authorized representative of a member)

Debra Phillips, Manager

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, thereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Relistered Agent)

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