

L02000028915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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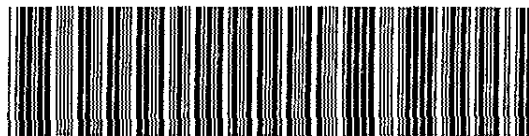
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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LAW OFFICES

Carl A. Cascio, P.A.

Carl A. Cascio

OF COUNSEL

Gary S. Gaffney

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PINEAPPLE GROVE PROFESSIONAL CENTER
525 N.E. 3RD AVENUE
SUITE 102
DELRAY BEACH, FLORIDA 33444
TELEPHONE (561) 274-7473
www.casciolaw.com

December 4, 2003

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

Re: Lake Morton Heights Apartments, LLC
Registration No.: L02000028915

Dear Sir or Madam:

Enclosed please find a Statement of Change of Registered Agent for the above referenced entity. Also enclosed is a check made payable to the Department of State in the amount of \$35.00 representing the filing fee.

If you have any questions, please do not hesitate to contact me. Thank you for your attention to this matter.

Very truly yours,

Carl A. Cascio

CAC/mkm
Enclosures

cc: John W. Luciani III

H:\My Documents\CLIENTS\CORPORAT\First Source Corporations\Letter to Div of Corp re Lake Morton R.A.wpd

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

December 15, 2003

CARL A. CASCIO
CARL A. CASCIO, P.A.
525 N.E. 3RD AVENUE, STE. 102
DELRAY BEACH, FL 33444

SUBJECT: LAKE MORTON HEIGHTS APARTMENTS, LLC
Ref. Number: L02000028915

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for LAKE MORTON HEIGHTS APARTMENTS, 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 completed the wrong form.

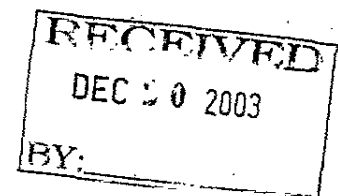
We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 203A00067141



**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 limited liability company is: Lake Morton Heights Apartments, LLC

2. The mailing address of the limited liability company is: c/o Carl A. Cascio, P.A.

525 N.E. 3rd Avenue, Suite 102, Delray Beach, FL 33444

October 29, 2002 L02000028915

3. Date of filing/registration in Florida 4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CT Corporation System

Name

1200 South Pine Island Road

Address

Plantation, FL 33324

City, State and Zip

6. The name and address of the new registered agent and/or office:

Carl A. Cascio

Name

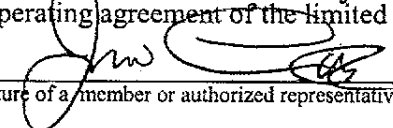
525 N.E. 3rd Avenue Suite 102

Florida street address (P.O. Box **NOT** acceptable)

Delray Beach FL 33444

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


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

John W. Luciani III, CEO

(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, I hereby confirm that the limited liability company has been notified in writing of this change.


(Signature of Registered Agent)

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

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TALLAHASSEE, FLORIDA