## Florida Department of State

Division of Corporations Public Access System

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Account Name : GREENBERG TRAURIG (ORLANDO)

Account Number : 103731001374 Phone : (407)418-2435

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REGISTERED AGENT CHANGE

16301 BISCAYNE, LLC

Certificate of Status		0
Certified Copy		0
Page Count	-	01
Estimated Charge	· · · · · · · · · · · · · · · · · · ·	\$25.00

JIVIS:CHOF CORPORATION

## Transmittal Cover Sheet

TO Division of Corporations

Company Florida Department of State

Fax Number 850/205-0383

Phone Number 850-245-6052

FROM Stephen G. Salley, Esq.

File Number 38160.010300

Comments Corporate Filing

Attached is an Electronic Filing Cover Sheet with a Statement of Change of Registered Agent" for "16301 Biscayne, LLC" for filing.

**Date** August 15, 2003

Time 1:13 PM

No. Pages Including this cover sheet 3

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450 South Orange Avenue, Suite 650, Orlando, Florida 32801 (407) 420-1000 Fax (407) 420-5909

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INHS18(10/99)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.4 liability company submits the following state agent, or both, in the State of Florida.	ment in order to change is	ts registered off	ersigne ice or r	d limited egistered	
1. The name of the limited liability company	is: 16301 BISCAYNE, I	LC		<u> </u>	
2. The mailing address of the limited liability	company is : 1172 S. Di	XIE HIGHWAY	#413		
CORAL GABLES, FLORIDA 33146					
03/12/2002	L03000009013				
3. Date of filing/registration in Florida	4. Docume	nt number			
5. The name of the registered agent and the reg Florida Department of State:	ristered office address as sl	nown on the reco	rds of t		
JOEL D. MASER				<u> </u>	
450 SOUTH ORA	Name NGE AVENUE, SUITE	650			
Address ORLANDO, FLORIDA 32801			.,		
	y, State and Zip	<del></del>	14.3	် (ရှင်	
6. The name and address of the new registered agent and/or office:				ည်	
RICHARD FRIEN	D			•	
•	Name	_ <del></del>			
	ess (P.O. Box NOT accepta				
· Miami, Flori	da 33156				
City,	State and Zip	<del></del>			
If the limited liability company is not organized confirmed that after the change or changes are and the business office of the registered agent valiability company, it is hereby confirmed that the members of the limited liability company of the aperating agreement of the limited liability.  Signature of a member of authorized representative of a mem	made, the Florida street advill be identical. Or, in the change(s) was/were author as otherwise provided in company.	te of Florida, it is dress of the regis case of a Florid torized by an affi the articles of or	tereby stered of a limite irmative ganizati	ffice d vote of ion or	
Russell Casis					
(Printed or typed name of signes)  I hereby accept the appointment as registered comply with the provisions of all statutes relating I am familiar with and accept the obligation hapter 50%. Or, if this document is being address thereby confirm that the limited liability of the provisions of Comparations.  Division of Comparations I	<u> </u>		wther a of my c ovided stered ( this ch	gree to tuties, for in office ange.	
Division of Corporations, I	.U.Box 0327, Tauanasse	e, FL <i>32</i> 314			

**FILING FEE: \$25.00**