L030000 14141

(Re	equestor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone #	¥)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
189, 707,	671	11-14
	Office Use Only	



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06 NOV 14 PM 12: 16
SECTETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

Division of Corporations	
SUBJECT: Harborside Property Investment, LLC (Name of Corporation)	
DOCUMENT NUMBER: L03000014141	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Elenita B. DiGennaro	
(Name of Contact Person)	
Harborside Property Investment, LLC (Firm/Company)	. 06
680 NE Marine Drive	麗夏 五
(Address)	第二 三
Boca Raton, FL 33431 (City/State and Zip Code)	OF NOW 14 PM 12: 16
For further information concerning this matter, please call:	16
Elenita B. DiGennaro at (561) 393-1918	
(Name of Contact Person) (Area Code & Daytime Telephone)	Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 18, 2006

ELENITA B. DIGENNARO 680 NE MARINE DRIVE BOCA RATON, FL 33431

SUBJECT: HARBORSIDE PROPERTY INVESTMENTS, LLC

Ref. Number: L03000014141

We have received your document for HARBORSIDE PROPERTY INVESTMENTS, 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):

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) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 506A00055795

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: Harborside Property Investments, LLC		
2.	The mailing address of the limited liability company is : 680 NE Marine Drive		
Bo	oca Raton, FL 33431		
4/	/21/2003 L03000014141		
3.	Date of filing/registration in Florida 4. Document number		
	The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:		
	Ellen Schecter, P.A. Name 1900 NW Corporate Blvd. Suite 400 Address Boca Raton, FL 33431 City, State and Zip The name and address of the new registered agent and/or office: Elenita B. DiGennaro		
	Name SS Z		
1900 NW Corporate Blvd. Suite 400			
	Address		
	Boca Raton, FL 33431		
	City, State and Zip		
6.	The name and address of the new registered agent and/or office:		
	Elenita B. DiGennaro		
	Name		
	680 NE Marine Drive		
	Florida street address (P.O. Box NOT acceptable)		
	Boca Raton FL 33431		
	City, State and Zip		
co an lia of or	the limited liability company is not organized under the laws of the State of Florida, it is hereby infirmed that after the change or changes are made, the Florida street address of the registered office of the business office of the registered agent will be identical. Or, in the case of a Florida limited ability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote the members of the limited liability company or as otherwise provided in the articles of organization the operating agreement of the limited liability company. [11] [11] [12] [13] [14] [15] [16] [17] [17] [18] [18] [18] [19] [19] [10]		
EI	enita B. DiGennaro Member		
•	rinted or typed name of signee)		
<u>v</u>	hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to mply 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 hapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office laress, I hereby confirm that the limited liability company has been notified in writing of this change. TOUTN B. DIGMINAT ignature of Registered Agent)		

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