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| (Requestor's Name)                      |  |  |  |  |
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| PICK-UP WAIT MAIL                       |  |  |  |  |
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| (Business Entity Name)                  |  |  |  |  |
| (Business Entry Name)                   |  |  |  |  |
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| (Document Number)                       |  |  |  |  |
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| Certified Copies Certificates of Status |  |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |  |
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EXAMINER

## **COVER LETTER**

| TO: Registration Section Division of Corporations                                   |                   | ,                            |                   |
|---|-------------------|------------------------------|-------------------|
| SUBJECT: Harbor Communities, L  |                   | bility Company)              |                   |
| (.141110  | or Billinea Bil   | omey company)                |                   |
| Dear Sir or Madam:  |                   |                              |                   |
| The enclosed Registered Agent/Registered  | Office Change     | and fee(s) are submitted for | r filing.         |
| Please return all correspondence concerning   | this matter to    | the following:               |                   |
|   |                   |                              |                   |
|   |                   |                              |                   |
| Sandy Albanese  | ·                 | _                            |                   |
| (Name of Person)  |                   |                              | •                 |
| •   |                   |                              |                   |
| Allied Capital and Development of South Florida                                     | , LLC             |                              |                   |
| : (Firm/Company)  |                   | <del>-</del>                 |                   |
|   | *                 |                              |                   |
| 11770 US Hwy 1, Suite 301   | or ward,          |                              |                   |
| (Address)   |                   | _                            | Fs B              |
| v. 57   |                   |                              | ALLA SECO         |
| Palm Beach Gardens, FL 33408  |                   |                              | AUG 25<br>AHASS   |
| (City/State and Zip Code)   |                   | _                            | SA N              |
|   |                   |                              |                   |
|   |                   |                              | PHIZ: 09 OF STATE |
| For further information concerning this mat   | ter, please call: |                              | 54 R              |
|   |                   |                              | 응취 S              |
| Sandy Albanese  | at ( 561          | 799-0050                     | 7~                |
| (Name of Person)  |                   | Code & Daytime Telephone     | Number)           |
|   |                   | •                            | •                 |
| CENERAL COLINER AND DECC  | 361               | YT Thid I be broad           |                   |
| STREET/COURIER ADDRESS: Registration Section  |                   | ILING ADDRESS:               |                   |
| Division of Corporations  |                   | istration Section            |                   |
| Division of Corporations  Clifton Building  Division of Corporations  P.O. Box 6327 |                   |                              |                   |
| 2661 Executive Center Circle  |                   | ahassee, Florida 32314       |                   |
| Tallahassee, Florida 32301  |                   |                              |                   |
| Enclosed is a check for the following   | na amount         | •                            |                   |
|   |                   |                              |                   |
| \$25 Filing Fee   | \$5:              | 5 Filing Fee & Certified Co  | ру                |

INHS18 (5/08)

## 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. Name of the limited liability company: Harbor Cor  | mmunities, LLC   |
|---|--|
| <ol> <li>(a) Principal office address of limited liability compan<br/>(<u>Note: MUST BE STREET ADDRESS</u>)</li> </ol>  | y: 11770 US Hwy 1, Sulte 301 Palm Beach Gardens, FL 33408  |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  | 105 Foulk Road<br>Wilmington, DE 19803   |
| May 12 2003  3. Date of filing/registration in Florida  | L03000017020 4. Document number  |
| 5. (a) Registered Agent and Registered Office shown on  | the records of the Florida Dept. of State:   |
| Registered Agent:   | Roger C. Stanton   |
| Registered Office Address:  | 4420 Beacon Circle<br>West Palm Beach, FL 33407  |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :  | Poneid M. Allison  |
| <u>NEW</u> Registered Office Address:<br>(MUST BE FLORIDA STREET ADDRESS)   | 1515 S. Federal Hwy, Suite 306  Social Ration  Boca Ration  FL 38432   |
| If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was were authorized liability company or as otherwise provided in the articles climited liability company.  (Signature of a member or authorized representative of a member)  Louis J. Capano, Jr. | laws of the State of Florida, it is hereby confirmed and the housiness   |
| (Printed or typed name of signee)  I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provision amiliar with and accept the obligations of my position of my positions. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified.   | agree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby d in writing of this change. |
| (Signature of Regitation Agent)   |  |
| Division of Corporations, P.O. Boy<br>FILING FER  | · · · · · · · · · · · · · · · · · · ·  |

INHS18 (05/08)