## 103000017502

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03-17502 ML

## 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	d liability company is:	Taiseven	Investments LLC	· ·	*
2. The mailing address of					_
Miami, Fl 33196	<u>.</u>	· <del>-</del> -	, ~	4.	
May 14, 2003			L03000017502		<del></del> *
3. Date of filing/registration	on in Florida	-	4. Document num	ber	
5. The name of the register Florida Department of S	State:	•	address as shown o	n the records of th	ie
	Business Filings INC			= <b>₹</b> ∞	ස
	8025 Excelsior Drive	Name Suite 200	)		03 DEC - 1 AM 10: 13
		Address		A A	7
	Madison, WI 53717	state and Zi	n	. H <sub>C</sub>	2
6 The name and address a	• •		•	HCS:	<u> </u>
6. The name and address of	of the new registered ago	mrand/or c	ornce:		
	Courtney Tai			<b>→</b> …	3.23
_	17105 SW 81 Ct N	ame		TE:	
	Florida street address	(P.O. Box	NOT acceptable)		
	Miami,	FL 3315	7		
	City, Sta	ate and Zip			
If the limited liability come confirmed that after the chand the business office of a liability company, it is here the members of the limited the operating agreement of	ange or changes are ma the registered agent will by confirmed that the c I liability company or as	de, the Flor be identication change(s) was otherwise	rida street address o	f the registered of	ffice d
(Signature of a member or authoriz	sed representative of a member)				
Courtney Tai			4	. –	
(Printed or typed name of signee)			=		
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm to	ntment as registered age s of all statutes relative l accept the obligations is document is being fil that the limited liability	ent and agr to the prop of my posit ed to mere company h	ee to act in this cap er and complete pe jon as registered a ly reflect a change as been notified in	acity. I further as rformance of my d gent as provided f in the registered o writing of this chi	ree to luties, or in office inge.
(Signature of Registered Agent)					

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

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