## L030000 20378

(Requestor's Na	ame)
Pául Roiff 1460 South C Manalapan, F (Address)	E 33462
(City/State/Zip/l	hone #)
PICK-UP WAI	T MAIL
(Business Entit	y Name)
•	,
(Document Nur	mber)
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SELLAHASSEE, FLORIDA

## 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 limite	d liability company is: _l	Luxury Develo	opers, LLC		
2. The mailing address of				yd.,	<u> </u>
Manalapan, FL 33462					
			1000000000		
June 5, 2003			3000020378		
3. Date of filing/registrati	on in Florida	4. L	Document number		
5. The name of the registe Florida Department of S		red office addre	ess as shown on the	records of the	e
	1400 Centrepark Bou	<u> </u>	1000	· -	<u>.</u>
	West Palm Beach, FL		·	<u> </u>	
		ate and Zip		<b>Z</b>	
6. The name and address of	of the new registered ager	nt and/or office	4	SEC. 03	
	Paul Roiff		e.	3 8	*****
	1460 South Ocean Bl	me vd.	Company of the Compan	8-1	A series
•	Florida street address (1	P.O. Box NOT	'acceptable)		in
	Manalapan,	<sub>RI</sub> 33462		<u>6</u> 6	
	City, Stat	te and Zip		808	
If the limited liability comconfirmed that after the chand the business office of liability company, it is her the members of the limited the operating agreement of	nange or changes are mad the registered agent will be by confirmed that the classification or as definited liability com- f the limited liability com-	e, the Florida s be identical. O iange(s) was/w otherwise prov	street address of the or, in the case of a F were authorized by a	registered of Torida limited n affirmative	l vote of
(Signature of a member or authori	zed representative of a member)				
Paul Roiff				,	
(Printed or typed name of signee)					
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or if the address, I hereby confirm.			act in this capacity id complete perform is registered agent of flect a change in the een notified in writi	<ol> <li>I further ag hance of my d as provided for e registered o ing of this cho</li> </ol>	ree to uties, or in ffice inge.
(Signature of Registored Agent)	/	_ · _		***	
Divisio	n of Corporations, P.O.	Box 6327, Ta	llahassee, FL 323	14	
INHS18(10/99)	FILING	FEE: \$25.00			