1030000021444

Maud 5/ey Properties (Requestor's Name)				
()				
Deliay Beach, Fl. 33444 (Address)				
(Address) (City/State/Zip/Phone #)				
(City/State/Zip/Priorie #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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12/11/03--01035--001 **25.00

13 DEC 11 PM 1:28 SECRETARY OF STATE

103-21446

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: Maudsley Properties,	LLC	*
		company is: 22 SE 1st A		
Delray Beach, FL 334		** .		
6/12/03		L0300002	21446	
3. Date of filing/registrati	ion in Florida	4. Documen	it number	
5. The name of the registe Florida Department of		egistered office address as sho	own on the records of	f the
	6003 NW 31st A	Name venue		
	Ft. Lauderdale,	Address FL 33309 ity, State and Zip	-	
6. The name and address of	of the new registere	d agent and/or office:	• f	
	Lynn Mroczek		ALL SEC	3 DE
	22 SE 1st Avenu	Name ie	HASSI	PILED 03 DEC 11 PM
	Florida street add	ress (P.O. Box NOT acceptal	ble)	
	Delray Beach	FL 33444	LOHA LOHA	
	City	y, State and Zip		28
confirmed that after the cl	nange or changes are the registered agent eby confirmed that d liability company of the limited liability	ed under the laws of the State made, the Florida street add will be identical. Or, in the the change(s) was/were author as otherwise provided in try company.	lress of the registered	office
Kelly A Maudsley				
(Printed or typed name of signee)		· · · · · · · · · · · · · · · · · · ·	en in immerience (Mr. 1955).	
John John John John John John John John	ntment as registere s of all statutes rela l accept the obligat his document is bei that the limited lial	d agent and agree to act in the tive to the proper and complitions of my position as registent filed to merely reflect a cholity company has been notif	nis capacity. I further ete performance of m ered agent as provide ange in the registere ied in writing of this	agree to y duties, d for in d office change.
(Signature of Registered Agent)				

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

INHS18(10/99)

FILING FEE: \$25.00