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SECRETARY OF STATE
TALLAHASSEE FLORID

D. BRUCE
MAY 0 6 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: NAPLES SOUTH REALTY ASS (Name of Limite	OCIATES, LLC ed Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this r	matter to the following:	
Vicki Fearon, paralegal (Name of Person)		
Ackerman, Link & Sartory, P.A. (Firm/Company)	TAL 0	
222 Lakeview Avenue, Suite 1250	SEURE IAR	
(Address)		
West Palm Beach, FL 33401		
(City/State and Zip Code)	PM 1:59 OF STATE E. FLORIDA	
For further information concerning this matter, ple	ease call:	
Vicki Fearon at (561) 838-4100 (Area Code & Daytime Telephone Number)	
(Name of Ferson)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following am	ount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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 limit	ed liability company is: NAPLES SOUTH REALT	/ ASSOCIATES, LLC
2. The mailing address of	of the limited liability company is: 4400 PGA B	OULEVARD, SUITE 305
PALM BEACH GARDENS		
	<u> </u>	
7/16/2003 L03000025987		5987
3. Date of filing/registra	tion in Florida 4. Docum	ent number
5. The name of the regist Florida Department of	ered agent and the registered office address as State:	shown on the records of the
•	RICHARD BAER	
	Name	
	4400 PGA BOULEVARD, SUITE 305	
	Address	08 SE
	PALM BEACH GARDENS, FL 33410	
	City, State and Zip	
6. The name and address	of the new registered agent and/or office:	SSE -5
	WENDY S. LINK, ESQ.	F 3 M
	Name	
	222 Lakeview Avenue, Suite 1250	
	Florida street address (P.O. Box NOT accep	table) FLORIDA
	West Palm Beach FL 33401	
	City, State and Zip	
confirmed that after the c and the business office of liability company, it is he of the members offthe Nir	mpany is not organized under the laws of the St hange or changes are made, the Florida street a f the registered agent will be identical. Or, in the reby confirmed that the change(s) was/were au nited/liability company or as otherwise provide not of the limited liability company.	ddress of the registered office ne case of a Florida limited thorized by an affirmative vote
AJC NAPLES SOUTH COR	P., Managing Member, by Andrew J. Cohen, Preside	nt
(Printed or typed name of signee)		
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as registered agent and agree to act in as of all statules relative to the proper and come ad accept the obligations of my position as registries document is being filed to merely reflect a that the limited liability company has been not	this capacity. I further agree to plete performance of my duties, stered agent as provided for in change in the registered office lified in writing of this change.
(Signature of Registered Agent)	auc	
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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

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