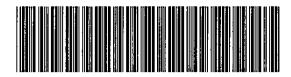
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE
SECRETARY OF STATE

COVER LETTER

Division of Corporations					
SUBJECT: City View Investments I (Name of I		ility Company)			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered C	office Change	e and fee(s) are submitted	for filing.		
Please return all correspondence concerning	this matter to	o the following:			
Eduardo Alsogaray					
(Name of Person)			IAI S	0	
			ECK	07 MAY 30	
City View Investments LLC			HA!	~	CORPOR
(Firm/Company)			SSE	õ	
			L.C.	PH .	
PO Box 4567			101 715	23	
(Address)			SECKETARY OF STATE ALLAHASSEE, FLORIDA		400
Fort Lauderdale, FL 33338-4567					
(City/State and Zip Code)					
For further information concerning this matt	er, please cal	11:			
Eduardo Alsogaray	_ at (_954	յ 525-1237			
(Name of Person)	_ at ((Area Code & Daytime T	Celephone	Numb	er)
STREET/COURIER ADDRESS:	М	AILING ADDRESS:			
Registration Section	Registration Section				
Division of Corporations	Division of Corporations P.O. Box 6327				
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314				
Tallahassee, Florida 32301	, , = "		"	• •	
Enclosed is a check for the following	ng amount:	••	•		
\$25 Filing Fee	v \$	S55 Filing Fee & Certified	Сору		

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.

agent, or both, in the state of Pioriaa.		
1. The name of the limited liability company is: Cit	ty View Investments LLC	······································
2. The mailing address of the limited liability compa	any is : PO Box 4567 - Fort	Lauderdale, FL 33338-4567
8/19/2003	L03000031432	_
3. Date of filing/registration in Florida 4. Document		per
5. The name of the registered agent and the registere Florida Department of State:	ed office address as shown or	the records of the
Peter J.Addison		
	ame	
828 NE 17th Way - U	Jnit #3	
	dress	Ħ
Fort Lauderdale, FL 3	ALL SE	
City, Sta	te and Zip	
6. The name and address of the new registered agent	t and/or office:	O7 MAY 30 SECHETARY ALLAHASSE
Eduardo Alsogaray		
Nan	ne	PH 12: 4 OF STATE
828 NE 17th Way - U	828 NE 17th Way - Unit #3	
Florida street address (P	O. Box NOT acceptable.	DA ALI
Fort Lauderdale F	L 33304	
City, State	and Zip	
If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will b liability company, it is hereby confirmed that the chof the members of the limited liability company or the operating agreement of the limited liability confirmed that the chof the operating agreement of the limited liability confirmed that the chof the operating agreement of the limited liability confirmed that the chof that the operation of the limited liability confirmed that the chof that the c	e, the Florida street address one identical. Or, in the case o	f the registered office f a Florida limited
(Signature of a promoty of audionized topics small ve of a momoty)		
Peter J.Addison		
(Printed or typed name of signee)		
I hereby accept the appointment as registered agen comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608 F.S. Or, if this document is being filed address, I hereby confirm that the limited liability confirms the limited liability confirms that the limited liability confirms that the limited liability confirms the limited liability confirms that the limited liability confirms the limited liability confirms that the limited liability liabilit	t and agree to act in this cap the proper and complete per f my position as registered as d to merely reflect a change i ompany has been notified in	acity. I further agree to formance of my duties, gent as provided for in the registered office writing of this change.
(Signature of Registered Agent)		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (8/05)