103000033483

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #)
(Address) (City/State/Zip/Phone #)
(Address) (City/State/Zip/Phone #)
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
O BICK LIB O MAIL
(Business Entity Name)
(Dusiness Entity Harrie)
(Document Number)
(Bosanicia riginasi)
Certified Copies Certificates of Status
-
Special Instructions to Filing Officer:
10/28 MA Change
, ,
103-33683

Office Use Only



800041635178

训制。

10/22/04--01016--016 **195.00

FILED

04 OCT 22 AM ID: 49

WEINER & ARONSON, P.A.

ATTORNEYS AT LAW The Clark House 102 North Swinton Avenue Delray Beach, Florida 33444

Telephone: (561) 265-2666 Telecopier: (561) 272-6831 E-mail: jmankoff@zonelaw.com

MICHAEL S. WEINER CAROLE J. ARONSON JASON S. MANKOFF KERRY SAFIER OF COUNSEL: BOBERT MARC SCHWARTZ, P.A. Florida Bar Board Certified Real Estate Lawyer MICHAEL R. HARRIS

i i. M. (In faxation)

October 19, 2004

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

Re: Change of Registered Agents and Registered Office Our File No.: BIGD001

Dear Sir/Madam:

Enclosed please find the following original executed applications.

- I. Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company:
 - New Century Segovia Square, LLC;
 - 2. New Contury Delray One, LLC;
 - 3. Floranda MHP, LLC;
 - 4. New Century Hidden Valley, LLC; and
 - New Century Companies, LLC.
- II. Statement of Change of Registered Office or Registered Agent or Both for Corporations:
 - 1. New Century Realty Management, Inc.; and

2. New Century Construction Group, Inc.

I have also enclosed a check in the amount of \$195.00 for your filing fee.

Very truly yours,

Jason S. Mankoff

JSM:vf

Enclosures

cc: Mr. David Biggs (w/enclosures)

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.

9 ,	,					
1. The name of the limite	d liability company i	s: New Ce	entury Co	mpanies	, LLC	·
2. The mailing address of	f the limited liability	company is:	1020 S.	Federal	Highway	/ .
Suite 102, Delr	av Beach. FL	33483				
, ,	45 ,	12	-			
09/05/2003		•	<u> </u>	33683	<u> </u>	
3. Date of filing/registration	ion in Florida		4. Docume	nt number		
5. The name of the registe Florida Department of	State: Wein	gistered office er & Aron Michael S	son, P.A		records of	the
4 A4		Name			·· + '	
	102 N.	Swinton	Avenue	= .		
~र स्वरूप ः		Address		·		
	Delray B	each, FL y, State and Z	33444			
	Cir	y, State and Z	ıp			
6. The name and address	of the new registered	agent and/or	office:			
	Davio	d Biggs			Esq.	20
		Name				04 OCT
	1020 S. Feder		av Snit	a 102		<u> </u>
	Florida street addre				\$ 1.4 m.	22
		•	-	•	řna.	≥ [T]
	Delray Beach		33483	<u> </u>		
	City,	, State and Zip)		雲 琴	94 1
If the limited liability com confirmed that after the cl and the business office of liability company, it is her the members of the limite the operating agreement of	hange or changes are	made, the Flo	rida street ad	dress of the	registered (y office ed
	el Bis	£				
(Signature of a member or author	ized representative of a nich)b/er)				
Dans	10 BIL	GS .				
(Printed on typed name of signee)			,			- •
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 508, F.S. Or if address, I hereby confirm (Signature of Registered Agent)	intment as registered is of all statutes related accept the obligation is document is being that the limited habi	agent and ag ive to the prop ons of my post of filed to mere lity company	ree to act in toer and comp ition as regisi ely reflect a c has been not	his capacity lete perform tered agent o hange in the ified in writi	. I further of my as provided provided provided programme of this can be a full of this	agree to duties, for in office hange.
/ Divisio	on of Corporations, l	P.O. Box 632	7, Tallahass	ee, FL 3231	[4	

FILING FEE: \$25.00

NHS18(10/99)