

LD3000035421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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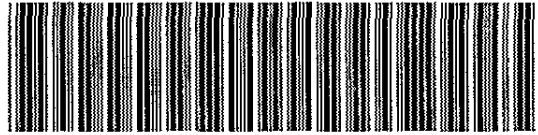
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: Edward D. Pascoe 575 LLC
(Name of Corporation)

DOCUMENT NUMBER: L03000035421

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Edward D. Pascoe

(Name of Contact Person)

Edward D. Pascoe 575 LLC

(Firm/Company)

1871 N.W. North River Drive

(Address)

Miami, Florida 33125

(City/State and Zip Code)

For further information concerning this matter, please call: at ()

Edward Pascoe

(Name of Contact Person)

305-326-0060 X102

(Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Street Address:

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

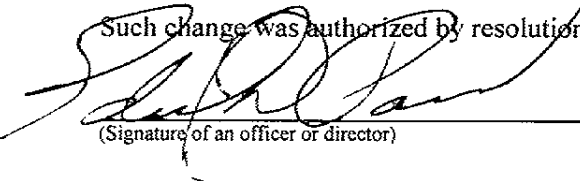
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TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE FOR LIMITED LIABILITY COMPANY

This statement of change is submitted for a limited liability company organized under the laws of the State of Florida in order to change its registered office in the State of Florida.

1. The name of the Limited Liability Company: Edward D. Pascoe 575 LLC
2. The principal office address: 1871 N.W. North River Drive, Miami, FL 33125
(previously 253 SW 22 Ave, Miami, FL 33135)
3. The mailing address (if different): _____
4. Date of information: JUNE 30, 2006 Document number: L03000035421
5. The street address and mailing address of the new registered office:
1871 N.W. North River Drive, Miami, FL 33125
(P.O. Box NOT acceptable)

Such change was authorized by resolution duly adopted by its Managing Member.


(Signature of an officer or director)

Edward D. Pascoe, Managing Member
(Printed or typed name and title)

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TALLAHASSEE, FLORIDA

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)