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Division of Corporations

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: C T CORPORATION SYSTEM Account Name

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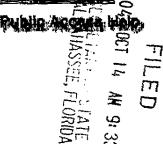
REGISTERED AGENT CHANGE

LEVITT COMMERCIAL ANDREWS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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Cornerate Filing



VISION OF CORPORATION

AM 8:

IN/IA/MA

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, Plorida 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 limited liability company is: Levitt Commercial Andrews, LLC
2. The mailing address of the limited liability company is:
PO Box 5403, Ft. Lauderdale, FL 33310
11/13/2003 L03000044395
3. Date of filing/registration in Florida 4. Document number
The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Glon R Gilbert
Name
1750 East Sunrise Blvd Third Floor
Address
Ft. Lauderdale, FL 33304 City, State and Zip
6. The name and address of the new registered agent and/or office:
C T Corporation System
Name
1200 South Pine Island Road
Florida street address (P.O. Box NOT acceptable)
Plantation FL 33324
City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member of a member)
(Printed or typed name of signee)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. CT Corporation System
(Signature of Registere d Agent) RAMARA A. BURKE SPECIAL ASSISTANT SECRETARY
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FLETS-MANN CT Symme Delice

INHS18(10/99)

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