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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 limited liability company is: Center Street Construction	,
2. The mailing address of the limited liability company is: 4227 Northla	Ke Blud.
Palm Beach Gardens, FC. 33410	
12/1/03 3. Date of filing/registration in Florida L03000 48 4. Document number	880
5. The name of the registered agent and the registered office address as shown on the reflorida Department of State: Spiege 4 Utvera, P.A. Name 1840 Sw22 Street, 4 Floor Address Miami, Fl 33/45 City, State and Zip 6. The name and address of the new registered agent and/or office:	cords of the 2005 FEB 1 SECRETAN TALLAHASS
Michelle L. Sides, Esq. 422 7 North Release Blvd. Florida street address (P.O. Box NOT acceptable)	7 M 10: 25 SEE, FLORIDA
Palm Beach Gardens FL 33410 City, State and Zip	
If the limited liability company is not organized under the laws of the State of Florida, is confirmed that after the change or changes are made, the Florida street address of the reand the business office of the registered agent will be identical. Or, in the case of a Florida liability company, it is hereby confirmed that the change(s) was/were authorized by an at the members of the limited liability company or as otherwise provided in the articles of the operating agreement of the limited liability company. (Signature of a member of authorized representative of a member)	aistared office
Michelle L. Sides, Esq. (Printed or typed name of signee)	
I hereby accept the appointment as registered agent and agree to act in this capacity, comply with the provisions of all statutes relative to the proper and complete performal and I am familiar with and accept the obligations of my position as registered agent as Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the raddress, I hereby confirm that the timited liability company has been notified in writing	I further agree to nce of my duties, provided for in egistered office t of this change.
(Signature of Registered Agent)	

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

INHS18(10/99)

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