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| Special Instructions to Filing Officer: |
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Office Use Only



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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 CF COUNSEL:

BOBERT MARC SCHWARTZ,

Florida Bar Board Certified

Real Estate Lawyer

MICHAEL R. HARRIS

i i. M. (In taxation)

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;
 - New Century Delray One, LLC;
 - 3. Floranda MHP, LLC;
 - 4. New Century Hidden Valley, LLC; and
 - 5. New Century Companies, LLC.
- II. Statement of Change of Registered Office or Registered Agent or Both for Corporations:
 - 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.

| 1. The name of the limited | l liability company is: | New Ce | ntury Se | egovia Squ | are, | LLC. |
|--|--|-----------------------------------|--------------------------|------------------|---|---|
| 2. The mailing address of | the limited liability con | npany is: _ | 1020 s. | Federal H | liqhwa | <u>y.</u> |
| Suite 102, Delra | y Beach, FL 33 | 3483 | · | | | <u> </u> |
| 12/10/2003 | ······································ | | L030000 | 51439 | | |
| 3. Date of filing/registration | on in Florida | | 4. Documer | it number | | |
| 5. The name of the register Florida Department of S | State: Weiner & c/o Mich | Aronsonael S. Name nton Ave | n, P.A. Weiner nue | own on the rec | ords of t | · · · · · · · · · · · · · · · |
| | Delray Beac | ch, FL State and Zin | 33444 | *. - | | 70,0 |
| 6. The name and address of | • | • | | | | HIL 04 OCT 22 |
| | David Big | igs | | <u> </u> | | 全. 四 |
| _ | 1020 S. Federa | 354 4 1 | | | 是 | MID: 49 |
| | Florida street address | (P.O. Box N | NOT accepta | ble) | >m | C) |
| | Delray Beach, | FL 3 | 3483 | | | |
| and the second s | City, Sta | ate and Zip | | | | |
| If the limited liability common confirmed that after the chand the business office of liability company, it is here the members of the limited the operating agreement of (Signature of a member or authorized) | ange or changes are mathe registered agent will be confirmed that the call liability company or as the limited liability confirmed liability liability confirmed liability confirmed liability liability confirmed liability liabi | do the Flor | ida arroar adi | drage of the rec | rintarad a | ffice |
| (Printed or typed name of signee) | 2 751605 | <u> </u> | | - | | |
| I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm (Signature of Registered Agent) | P (2) 37 | _ | | | further a ce of my provided sistered of this ch | igree to duties, for in office iange. |
| Division | of Corpor a tions, P.O | D. Box 6327. | , Tallahasse | e, FL 32314 | | |

FILING FEE: \$25.00

INHS18(10/99)