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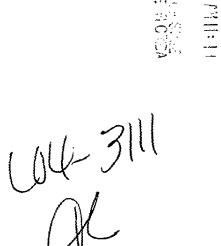
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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Loggerhead Plaza 14241 U.S. Highway One Juno Beach, Florida 33408-1405

8876 Bridge Road Hobe Sound, Florida 33455

2842 S.W. Port St. Lucie Blvd. Port St. Lucie, Florida 34953 Phone 561.775.0087

- Phone 772.545.2722

Phone 772.879.2668

Fax 561.775.0270 561.775.0390

www.raynorlaw.com

April 22, 2004

Jeffrey S. Raynor

Licensed in FL and NY
FL Bar Board Certified Real Estate Lawyer
FL Supreme Court Certified Circuit Mediator

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

Re: TAS REALTY INC.

Dear Sir/Madam:

Enclosed regarding the above is Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company together with our check in the amount of \$25, for filing fees. Of course, please feel free to contact us if you have any comments or questions, or if we can be of any further assistance.

Sincerely,

/slg TAS.002 enclosures

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Assistá

## 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.

agent, or both, in the stat	e oj r ioriaa.		
i. The name of the limited liability company is:TAS REALTY LLC			<u>c</u> .
2. The mailing address o	f the limited liability comp	any is: 1400 CENTRE	PARK BOULEVARD, .
SUITE 1000, WEST PAI	M BEACH, FL 33401		
01/12/04		1.0400000	03111
3. Date of filing/registration in Florida 4. Document nu		number	
5. The name of the register Florida Department of	ered agent and the registere State:	ed office address as show	n on the records of the
	Jeffrey D. Kneen		
		ame Joulevard, Suite 100	00
	Ad West Palm Beach,	dress FL 33401	
		te and Zip	<del></del> .
6. The name and address of the new registered agent and/or office:		C+ APP *5 AN II: I	
	T. Dominic Vara		
	Nar 4521 PGA Boulevar	ne d, Suite 308	
	Florida street address (P	O. Box NOT acceptable	
	Palm Beach Garder	s 33418	
	City, State	and Zip	•
confirmed that after the c and the business office of liability company, it is he the members of the limit	ed liability company or as of the limited liability com	the Florida street addrest identical. Or, in the came ange(s) was/were author therwise provided in the	ess of the registered office
T. Dominic Vara			
(Printed or typed name of signee)			•
	intment as registered agen is of all statutes relative to diaccept the obligations of this document is being file that the limited liability c	t and agree to act in this the proper and complet fmy position as registere d to mercly reflect a cha ompany has been notifie	capacity. I further agree to e performance of my duties, ed agent as provided for in nge in the registered office d in writing of this change.
(Signature of Registered Agent)		_	••

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

INH\$18(10/99)

**FILING FEE: \$25.00**