## L04000005437

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## COVER LETTER

C	UVERLETTER
TO: Registration Section Division of Corporations	
SUBJECT: Liu Associates Prope (Name of L	erties, LLC Jimited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered O	office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Victor Liu	
(Name of Person)	
Liu Associates Properties, LI (Firm/Company)	PILED 2005 OCT 20 PM 1: 22 2005 OCT 20 PM 1: 22  DINAMINATION ALLAHASSEE, FLORIDA
12792 74th Avenue N	ASSE
(Address)	THE THE
Seminole, FL 33776	: 22 ORIDA
(City/State and Zip Code)	<u> </u>
For further information concerning this matte	er, please call:
Victor Liu	at (727 ) 595-2001
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	g amount:
<b>✓</b> \$25 Filing Fee	\$55 Filing Fee & Certified Copy

## 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: Liu Associates Properties, LLC
2. The mailing address of the limited liability company is : 12792 74th Avenue N, Seminole, FL 33776
1/21/2004 L04000005437
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Mark Straley, Esquire
Name 100 S Ashley Drive, Ste. 1500
Address
Tampa, FL 33602
Tampa, FL 33602 City, State and Zip  6. The name and address of the new registered agent and/or office:  Victor Liu  Name  Tampa, FL 33602  AH 250  PAR 200  PAR 200
6. The name and address of the new registered agent and/or office:
6. The name and address of the new registered agent and/or office:  Victor Liu  Name
City, State and Zip  6. The name and address of the new registered agent and/or office:  Victor Liu  Name  12792 74th Avenue N  Florida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box NOT acceptable)
Seminole, FL 337/6
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 or authorized representative of a member)
Victor Liu (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 lamiliar 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. Thereby confirm that the limited liability company has been notified in writing of this change.  (Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00