## 8/AP060000148

	(Requesto	or's Name)	
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Certified Copies		Certificates o	of Status
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## TRANSMITTAL LETTER

Division of Co						
SUBJECT: Town Cer	nter Realty of South Florida,	L.L.C				
		nited Liability Compa	iny)			• •
	f Amendment and fee(s) are sub ondence concerning this matter	-				
	Hael Barghouti					
-	(2)	lame of Person)	-		•	•
Town	Center Realty of South Florid	fa, L.L.C.				
	(F	Firm/Company)		<del></del>		
. 6000 Glad	les Road, Suite 1078					
		(Address)				
Boo	ca Raton, FL 33431		···			
For further information	(City/i	State and Zip Code)			709	appay A regulating
Tot further information	concerning this matter, please c	all,			1.1	)= 
Hael Barghou		at ( 561	809-8002		<u> </u>	≠ <del></del>
	(Name of Person)	(Area C	Code & Daytime	I elephone Numi	L.J	न सर्वार्थि  -
Enclosed is a check for the	following amount:				2: 25	
□ \$25.00 Filing Fee		<ul><li>\$55.00 Filing Fee Certified Copy (additional copy</li></ul>		□ \$60.00 Fili. Certificate of S Certified Copy (additional co	Status &	osed)

STREET ADDRESS:

Registration Section
Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## 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 limite	l liability company is: TOWN CENTER REALTY OF SO. FLA. L.L.C.
2. The mailing address of	the limited liability company is: 6000 GLADES ROAD, SUITE 1078
BOCA RATON, FL 33	
3/17/04	L04000020428
3. Date of filing/registrati	on in Florida  4. Document number
5. The name of the registe Florida Department of S	red agent and the registered office address as shown on the records of the state:  MOURACADE, NICHOLAS A
	Name 530 SE 3RD STREET
*.	Address DEERFIELD BEACH, FL 33441 City, State and Zip
6. The name and address of	of the new registered agent and/or office:
	HAEL BARGHOUTI
	6000 GLADES ROAD, SUITE 1078
	Florida street address (P.O. Box NOT acceptable)
	BOCA RATON FL 33431
	City, State and Zip
confirmed that after the chand the business office of liability company, it is her the members of the limite	
HAEL BARGHOUTI	
(Printed or typed name of signee)	
I hereby accept the appoint the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered agent and agree to act in this capacity. I further agree to s of all statutes relative to the proper and complete performance of my duties, d accept the obligations of my position as registered agent as provided for in his document is being filed to merely reflect a change in the registered office that the limited liability company has been notified in writing of this change.

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

**FILING FEE: \$25.00**