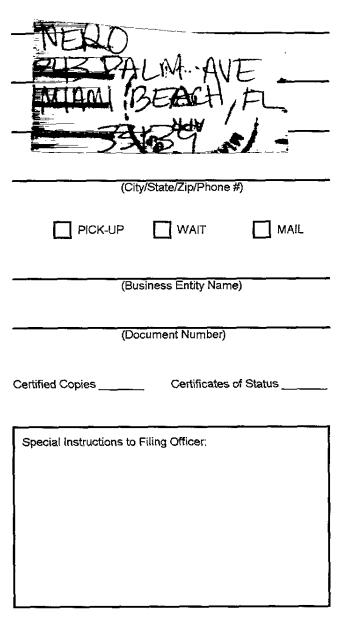
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR **BOTH FOR LIMITED LIABILITY COMPANY**

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:	Nero Properties, LLC
	ompany is : 243 Palm Ave, Miami Beach, FL 33139
3/24/2004	L04000022306
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the regist Florida Department of State: Deirdre D. Nero, Es	<u> </u>
5201 BLUE LAGOO	Name ON DR., Suite 100
MIAMI FL, 33126	Address State and Zip
6. The name and address of the new registered ag	gent and/or office:
Deirdre D. Nero, Es	sq. Name
121 Alhambra Plaza	Name a, Suite 1000 (10th floor)
Florida street address	o (D.O. Day NOT appentable)
Coral Gables,	FL 33134 State and Zip
City, S	State and Zip
confirmed that after the change or changes are mand the business office of the registered agent wi	under the laws of the State of Florida, it is hereby nade, the Florida street address of the registered office ill be identical. Or, in the case of a Florida limited 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)

Frank R. Nero

(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 familiar 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, I hereby 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