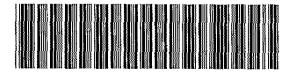
L04000024726

(Requestor's Name)			
(Address)			
(Address)			
(**************************************			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
L04-24726 (Document Number)			
(Document Number)			
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COVER LETTER

10:	Registration Section Division of Corporations		
SUBJ	JECT: South Florida (Name of Limit	Investments and Development (4)	ments,
Dear	Sir or Madam:		
The e	enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.	
Pleas	e return all correspondence concerning this	matter to the following:	
	(Nigne of Barron)		
	Ann-Marie Giustibelli, Esq.		
	8551 West Sunrise Blvd., Ste. 102		
	Plantation, F12-35323		
	(Address)		• • •
	(City/State and Zip Code)	·	
For fu	urther information concerning this matter, p	lease call:	
41	MARIE Giustibelli at (Name of Person)	(Area Code & Daytime Telephone Numb	per)
Q.	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following an	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 Was previously from nount:	vreled
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy	



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 18, 2006

ANN-MARIE GIUSTIBELLI, ESQ. 8551 WEST SUNRISE BLVD. SUITE 102 PLANTATION, FL 33323

SUBJECT: SOUTH FLORIDA INVESTMENTS & DEVELOPMENT, LLC

Ref. Number: L04000024726

We have received your document for SOUTH FLORIDA INVESTMENTS & DEVELOPMENT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Complete the form and it must be signed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Letter Number: 706A00041385

Neysa Culligan Document Specialist

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITEL, LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or $6\epsilon_{08}$ 508, Fbrida 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 som, in the State of Livina.
1. The name of the limited liability company is: SOUTH FLORIDA INVESTIGATE AND DEVELOPMENTS LLC
2. The mailing address of the limited liability company is: 1121 CRANDON BLVO
E1202 KEY BISCAYNE FL 33149
3. Date of filing/registration in Florida 10400024726 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: ANN-MARIA GIUSTIBALLI Name 1000 W. Oakland Park Blvd., See 200 Address 3335 E. S.
6. The name and address of the new registered agent and/or office:
ANNMARIE Grustibelli PST W Name Sunrise Blvd., Sp. 202 Florida street address (P.O. Box NOT acceptable) Plantahon FL 33322 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)
(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