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(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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SECRETARY OF STATE DIVISION OF CORPORATIONS

,	COVER	LETTER							
	TO: Registration Section Division of Corporations								
	SUBJECT: <u>ADDISON</u> Cou	DRT LLC Liability Company)							
	Dear Sir or Madam:								
	The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: HARVEY GELLER (Name of Person)								
ADDI-SON COURT LLC (Firm/Company)									
1601 FORUM PLACE, Suite 603 (Address) West Palm Beach, FL 33401 (City/State and Zip Code)									
West Palm Beach, FL 33401 (City/State and Zip Code)									
For further information concerning this matter, please call:									
	Marvey Ge/ler at (S) (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 amount:									
	\$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:

2. The mailing address of the limited liability company is: 1601

SUITE 603	West	raim	Beach,	FL	0590	<u> </u>			
5/06/04	1	•			0348	75			
3. Date of filing registrat	ion in Florida			ument num					
5. The name of the register Florida Department of	State:	_			,	•			
	Willin	am R	BOOSE			,			
	515 N	orth F	BOOSE LAGLER iress	DR.	suite	603			
	West A	City, Sta	te and Zip	334	01				
6. The name and address of the new registered agent and/or office:									
·	HARV	184 (62//EK						
	1601 F	ORUM	PLACE,	SUIT	te 60.	3			
	Florida stree	et address (P	.O. Box NOT ac	ceptable)					
L	vest Pali	n Beach	33401	<u> </u>					
		City, State	and Zip						
If the limited liability conconfirmed that after the cland the business office of liability company, it is he of the members of the linor the operating agreement	hange or change the registered reby confirme nited liability	ges are made lagent will be d that the chacompany or a	, the Florida stre e identical. Or, i ange(s) was/were as otherwise prov	et address on the case of authorized	of the register of a Florida l I by an affirn	red office imited native vote			
(Signature of a member or author	ized representative	of a member)	· 						
More			GELL.	ER					
(Printed or typed name of signee)		•			• • •				
I hereby accept the appo comply with the provision and I am tamiliar with an Chapter 618 F.S. Or, if address I hereby confirm	intment us reg is of all statute ad accept the o this document that the limit	sistered agen es relative to bbligations of is being filed ed liability co	t and agree to ac the proper and c my position as t to merely reflec ompany has been	ct in this cap complete pe registered a ct a change notified in	pacity. I furt rformance of gent as provi in the registe writing of th	ered office is chänge.			
/ h			•		06	SE			
(Signature of Registered Agent)	of Common	diana D.O. I	Dow £227 Tollo	hagean IST	32314	SION			
DIVISIO	on of Corpora		Box 6327, Talla! EE: \$25.00	nassee, f L	32314 <u> </u>	유중			
INHS18 (8/05)					P	Y OF ORP			
						묵ഗ			
					39	TATE :			