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J. BRYAN APR 1 7 2006

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Biltmore Commercial Park, (Name of I	LLC Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Joseph A. Porrello (Name of Person)	
Joseph A. Porrello, P.A. (Firm/Company)	OF API
P.O. Box 450249	OF APR 14 PM 12: 52
Miami, Florida 33245	17 17 17 17 17 17 17 17 17 17 17 17 17 1
(City/State and Zip Code)	
For further information concerning this matter	er, please call:
Joseph A. Porrello	at (305) 374-0092
(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:
\$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: Biltmore Commercial Park, LLC	
2. The mailing address of the limited liability	company is : 12450 Northwest South River	Drive
Miami, Florida 33178		
May 13, 2004	L04000036732	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the re Florida Department of State:	_	cords of the
MIGUEL A. JIME		
12450 NORTHWE	Name ST SOUTH RIVER DRIVE	o ½.
12400 NONTHWE	Address	の
MIAMI FL 33178		PA 25
Cit	ty, State and Zip	- C
6. The name and address of the new registered	l agent and/or office:	06 APR 14 PM 12: 52
Joseph A. Porrello, Esq.		2:
Name		52
	ird Avenue, Suite 320	
Florida street addr	ess (P.O. Box NOT acceptable)	
Miami	FI 33129	
City	, State and Zip	
If the limited liability company is not organize confirmed that after the change or changes are and the business office of the registered agent liability company, it is hereby confirmed that to f the members of the limited liability company or the operating agreement of the limited liability.	made, the Florida street address of the requilibre identical. Or, in the case of a Florithe change(s) was/were authorized by an any or as otherwise provided in the articles lity company.	gistered office ida limited Iffirmative vote
Signature of a member or authorized representative of a mer	mber)	
MIGUEL A. JIMENEZ, JR.		
(Printed or typed name of signee)		
I hereby accept the appointment as registered comply with the provisions of all statutes relating I am familiar with and accept the obligation of the control of the control of the control of the control of the limited liabi	agent and agree to act in this capacity. I ive to the proper and complete performan ons of my position as registered agent as 1 g filed to merely reflect a change in the relity company has been notified in writing	further agree to ce of my duties, provided for in gistered office of this change.
(Signature of Registered Agent)	B O Day (227 Tall 1 Tree cont.)	
Division of Corporations, 1	P.O. Box 6327, Tallahassee, FL 32314	

FILING FEE: \$25.00