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TIMOTHY H. CRUTCHFIELD, P.A.

Attorney at law

1401 Brickell Avenue Suite 1000 Miami, Florida 33131 Phone: (305) 577-1054 Fax: (305) 577-9712 Email: thcrutch@aol.com

August 2, 2005

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

Re: 609 NE 8th Avenue, LLC (document number (L04000042591)

To whom it may concern:

Enclosed please find the following:

Articles of Amendment to Articles of Organization for the limited liability company named "609 NE 8th Avenue, LLC"

Statement of Change of Registered Agent for the limited liability company named "609 NE 8th Avenue, LLC"

Also enclosed is a check for \$50 made payable to the Florida Department of State to cover the \$25 filing fee for each of the above described documents. Thank you for your attention to this matter.

Timothy H. Crutchfield

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	d liability con	npany is: 609 NE 8th Ave	enue, LLC	<u> </u>
•		iability company is: 4600		*
	2207-			
06/07/2004		L04	1000042591	
3. Date of filing/registrat	ion in Florida	4. Do	ocument number	
5. The name of the register Florida Department of	ered agent and State:	the registered office addres	ss as shown on the re	cords of the
	Whitmire, I	Drennen L. Jr., Esq.		
	249 Royal	Name Palm Way, Suite 501		
		Address		9 €
	Palm Beac	ch, FL 33480 City, State and Zip		95 AUG
	0.4			G -5
6. The name and address	of the new reg	gistered agent and/or office:		T
	Timothy H. Crutchfield, Esq.			고 경우 유
	Name 1401 Brickell Ave., Suite 1000			3: 14
	Florida stre	et address (P.O. Box NOT	acceptable)	- X
	Miami,	_{FL} 33131		
		City, State and Zip		
confirmed that after the c	change or chan f the registered ereby confirme ed liability cor	rganized under the laws of tages are made, the Florida state agent will be identical. Or defend that the change(s) was/we in any or as otherwise provibiliability company.	reet address of the re	egistered office rida limited
(Signature of a member or autho	rized representativ	e of a member)	-	
Robert E. Morris, Jr.				
(Printed or typed name of signee			•	*
m m	nintment as res ns of all statud ad accept the of this document in that the limit	gistered agent and agree to les relative to the proper and obligations of my position a t is being filed to merely refl ted liability company has be	act in this capacity. d complete performa s registered agent as lect a change in the r een notified in writing	I further agree to nee of my duties, provided for in egistered office of this change.
(Signature of Registered Agent)			•	

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

INHS18(10/99)

FILING FEE: \$25.00