FILED Mar 21, 2005 8:00 am Secretary of State 02-14-2005 90175 025 ****50.00

DOCUMENT # L04000051719 1. Entity Name 2000 VAN BUREN LLC									
Principal Place 505 SOUTH 2 HOLLYWOOD	21ST AVE	*	Mailing Address 505 SOUTH 21ST AVE HOLLYWOOD, FL 33020			January of the second		CONTROL MAN INCOME.	upun q~• . [28]
2. Principal P	lace of Busin	1833	3. Mailing Address						
Suite, Apr. #, etc.			Suite, Apt. #, etc.			01172005	Chg-LLC	CR2E083 (10/03)	
City & State			City & State			4. FEI Numb	<u>~62-7154</u>	O No	oplied For of Applicable
Zip	·	Country	Zip	. Cour		<u> </u>	e of Status Desired	55.00 Ack	
	6. Name	and Address of Curren	Registered Agent		Name	7. Name En	d Address of New Re	gistered Agent	
SCHLLICH 2134 HOLI HOLLYWO	LYWOOD	BLVD	Street Address		(P.O. Box Numt	per is Not Acceptable)	I		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					City			E ∎ Zip Cod	
9 The shows	camed entit	by euthemits this etetomant f	or the number of changing in	te ragietar	<u> </u>	red poent or be	oth in the State of Bar	FL	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE									
	Signature, types	or printed name of regularist again	and sife if applicable. PAC	TE; Plagasian	ed Agent eignature required	d when rainstating)		DATE	
FI D	iling Fee ue by Ma	is \$50.00 y 1, 2005						check payable to Department of Stat	•
9.		MANAGING MEMB	ERS/MANAGERS	10.	· · · · · · · · · · · · · · · · · · ·		ADDITIONS/0	CHANGES	
TITLE NAME STREET ADDRESS	1	O, ERBERTO F TH 21ST AVE	Delete	TITE MAN	_			Change	☐ Addition
CITY-ST-ZIP		OOD, FL 33020			r-S1-ZIP				
TITLE			Detecte	III	i i			☐ Change	Addition
STREET ADDRESS CHTY-ST-ZIP	 -			· - · STA	EET ADORESS				
TITLE			☐ Delete	LIM				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP					AE EET ADORESS Y-SJ-ZIP			· · -	
TITLE		, , , , , , , , , , , , , , , , , , , ,	☐ Delete	tm	i i		•	Change	Addition
NAME STREET ADDRESS CITY-ST-ZEP					ME BEET ADOMESS Y-ST-ZIP				
TITLE			☐ Delate	Ť1TE				Change	Addition -
NAME STREET ADDRESS CITY-ST-ZIP					VE HEET ADORESS Y-ST-ZIP				i
TITLE - NAME STREET ADDRESS CITY-ST-ZIP			☐ Delote —		t			☐ Change	☐ Aduition
11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: SI									