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COVER LETTER

TO: **Registration Section Division of Corporations** Boynton Development Associates II, LLC Name of Limited 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: Jacqueline Winslow Boynton Development Associates II, LLC Firm/Company 36 SE 3rd Street Address Boca Raton, FL 33432 City/State and Zip Code winsiow@compson.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jacqueline Winslow Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount:

□ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 60 liability company submits the following statement in a agent, or both, in the State of Florida.	08.508, Florida Statutes, order to change its registe	the undersigned limited ered office or registered
1. Name of the limited liability company: Boynton Developm	nent Associates II, LLC	
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	Boca Raton, FL 33432	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
07/28/2004	L04000055823	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown	on the records of the Flori	ida Dept. of State:
Registered Agent:	Carl E. Klepper, Jr.	in the
Registered Office Address:	36 SE 3rd Street	
registered Office Address.	Boca Raton, FL 33432	C)
		-
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>I</u> <u>NEW Registered Agent</u> :	NEW Registered Office a	address:
NEW Registered Office Address:	36 SE 3rd Street	
(MUST BE FLORIDA STREET ADDRESS)	Boca Raton	FL 33432
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company.	e Florida street address of lentical. Or, in the case of e(s) was/were authorized rwise provided in the artic	the registered office f a Florida limited by an affirmative vote of
Carl E. Klepper, TR Printed or typed name of signee		
I hereby accept the appointment as registered agent are comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	nd agree to act in this cape proper and complete per position as registered ag merely reflect a change in cany has been notified in v	acity. I further agree to formance of my duties, ent as provided for in the registered office writing of this change.
Signature of Registered Agent		
Division of Corporations, P.O. Box	6327. Tallahassee, FL	32314

FILING FEE: \$25.00