LU400056102

(Red	questor's Name)	
(Add	dress)	· · · · · · · · · · · · · · · · · · ·
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to f	Filing Officer:	
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	ACCOUNT NO. :	072100000	032		
	REFERENCE :	521454	7527475		
	AUTHORIZATION	Levello de a			
	COST LIMIT (\$ 25.00	an	7.0 O	
ORDER DATE :	October 12, 2006	251	IJ.	TECRES TO	
ORDER TIME :	9:21 AM			ASS.	
ORDER NO. :	521454-100			M 9: 00	1
CUSTOMER NO:	7527475			ORITE	
	-			·	
	CHANGE OF AGE	NT			
NAME:	SILVER FLORIDA	PROPERTIES,	LLC		
PLEASE RETURN	THE FOLLOWING AS P	ROOF OF FILE	ING:		
	FIED COPY STAMPED COPY				
CONTACT PERSON	N: Denise Mick	EXT# 2950			
,		EXAMINER:			

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 company is: SI	LVER FLORIDA PRO	OPERTIES, LLC	
2. The mailing address of	f the limited liability comp	any is : 1001 E. Te	lecom Dr., Boca Raton, FL 33431	_
July 28, 2004 -		L040000	56102	
3. Date of filing/registrat	ion in Florida	4. Docu	ment number	
5. The name of the register Florida Department of		ed office address as	s shown on the records of the	
	David 1	M. Shaw		
	Na	ime		
		n Way, Suite 501	ALL 86	
Address		06 OCT SEUKE		
Palm Beach, FL 33480 City, State and Zip				
	•	•	55.8.7 5.8.7	
6. The name and address of	of the new registered agent	and/or office:	mg 를 빌	
	Corporation Se	rvice Company	Y OF SIAT	
	Nam			
	1201 Hays Street			
	Florida street address (P.	O. Box NOT acce	ptable)	
	Tallahassee F	<u>.</u> 32301		
	City, State	and Zip		
confirmed that after the chand the business office of liability company, it is her of the members of the lim	nange or changes are made the registered agent will be be confirmed that the character liability company or at of the limited liability co	, the Florida street e identical. Or, in ange(s) was/were a as otherwise provice	State of Florida, it is hereby address of the registered office the case of a Florida limited authorized by an affirmative vote led in the articles of organization	1
(D.B. annia D. a. marron	bod soprobossidis of a sidelibory			
Maureen Cullen, Authorized P	erson			
(Printed or typed name of signee)	_			
I hereby accept the appoint comply with the provision and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered agent s of all statutes relative to d accept the obligations of his document is being filed that the limited liability co	and agree to act i the proper and cor my position as reg to merely reflect o mpany has been n	n this capacity. I further agree mplete performance of my duties sistered agent as provided for in a change in the registered office otified in writing of this change.	to ,

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

(Signature of Registered Agent) Sylvia Queppet, Assistant Vice President