L04000060394

/Danies ato do Nomo)
(Requestor's Name) OTTO EXECUTIVE PARK Dr. (Address)
•
Sute! (Address)
Weston, FL 33881 (City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
104-60394
QA Ch Office Use Only



900051807749

n4/28/n5--01035--013 **75.00

05 AFR 28 PM 2: 23

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

Pursuant to the provisio liability company submit agent, or both, in the Stat	ns of sections 608.416 s the following stateme e of Florida.	6 or 608.508, Florida Statu ent in order to change its re	ites, the undersigned limited egistered office or registered
1. The name of the limite	ed liability company is:	CitiRise Redevelopmen	t, LLC
		ompany is: 2771 Executive	
Weston FL 33331	<u> </u>		1. · · · · · · · · · · · · · · · · · · ·
8/16/04		L040000603	194
3. Date of filing/registrati	ion in Florida	4. Document n	umber
5. The name of the register Florida Department of S	ered agent and the regis State: Ira Weintraub	tered office address as show	n on the records of the
	1111 Brickell Bay D		
	Miami, FL 33 <u>131</u>	Address State and Zip	
6. The name and address of	• .	*	OS APR
	Maru Arauz		AS: 28
2771 Executive Park Drive Suite 2B			PR PR
	Florida street address	(P.O. Box NOT acceptable	
	Weston	FL 33331	Er. 23
	City, St	tate and Zip	
If the limited liability com confirmed that after the ch and the business office of liability company, it is here the members of the limited the operating agreement of (Signature of a member or authorize	lange or changes are mathe registered agent will eby confirmed that the I liability company or a f the limited liability co	•••	f Florida, it is hereby is of the registered office the of a Florida limited the dy an affirmative vote of articles of organization or
James T. Webb	- Indiana and the state of the		
(Printed or typed name of signee)		7	
Thereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm to Mam	itment as registered ag ; of all statutes relative l accept the obligations its document is being fi that the limited liability	ent and agree to act in this of to the proper and complete of my position as registered iled to merely reflect a chang company has been notified	capacity. I further agree to performance of my duties, lagent as provided for in ge in the registered office in writing of this change.
(Signature of Registered Agent)		<u> </u>	

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

INHS18(10/99)

.

FILING FEE: \$25.00