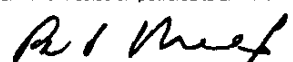


FILED
May 25, 2005 8:00 am
Secretary of State

U U U U U A V V

DOCUMENT # L04000063773				05-02-2005 90090 031 ****50.00	
1. Entity Name SOMBRERO BEACH PARTNERS, LLC					
Principal Place of Business 25000 OVERSEAS HWY., SUITE 1 SUMMERLAND KEY, FL 33042		Mailing Address 25000 OVERSEAS HWY., SUITE 1 SUMMERLAND KEY, FL 33042			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04252005 Chg-LLC CR2E083 (10/03)	
City & State		City & State		4. FEI Number 13-4286205	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSASCO, PETER 25000 OVERSEAS HWY., SUITE 1 SUMMERLAND KEY, FL 33042				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition		
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TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐ Addition		
11. I hereby certify that the information supplied with this filing 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:  4/26/05 (305) 745-4077					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					