## 204000066473

(Requestor's Name)		
(Address)		
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(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
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(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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Office Use Only



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change of RA-Address ho4-66473



N. CAUSSEAUX

AUG 8 2008

**EXAMINER** 

## **COVER LETTER**

Division of Corporations		
SUBJECT: JR EISENMAN PROPERTIES, LLC		
(Name of Limited Liability Company)		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
The cholosed Registered Agent/Registered Office Change and rec(s) are submitted for thing.		
Please return all correspondence concerning this matter to the following:		
WILLIAM W. ATTERBURY, III (Name of Person)		
(		
ALLEY, MAASS, ROGERS & LINDSAY, PA		
(Firm/Company)		
340 ROYAL POINCIANA WAY, SUITE 321		
(Address)		
PALM BEACH, FLORIDA 33480		
(City/State and Zip Code)		
(Chyotale and Phytosae)		
D. C. dh. i. Cdi		
For further information concerning this matter, please call:		
WILLIAM W. ATTERBURY, III at (561) 659-1770  (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:		
■ \$25 Filing Fee ■ \$55 Filing Fee & Certified Copy		

TO: Registration Section

## 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. Name of the limited liability company:JR_EISENMA	N PROPERTIES, LLC	
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	y: 12989 SOUTHERN BLVD	
	#202	
	LOXAHATCHEE, FLORIDA 33470	
(b) Mailing address of limited liability company:	P.O. BOX 213039	
(Note: MAY BE POST OFFICE BOX)	ROYAL PALM BEACH, FLORIDA 33421	
	Figure 6	
9/09/2004	L04000066473	
3. Date of filing/registration in Florida	4. Document number	
5. Date of Hingregistration in Frontier		
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:	
Registered Agent:	WILLIAM W. ATTERBURY	
Registered Agent.		
Registered Office Address:	321 ROYAL POINCIANA PLAZA	
	PALM BEACH, FLORIDA 33480	
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	W Degistered Office address:	
(0) Enter name of INEW Registered Agent and/or INE	W Registered Office address.	
NEW Registered Agent:	WILLIAM W. ATTERBURY, III	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	340 ROYAL POINCIANA WAY	
	SUITE 321	
	PALM BEACH ,FL 33480	
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized be liability company or as otherwise provided in the articles of limited liability company.	et address of the registered office and the business ase of a Florida limited liability company, it is	
M.C. Solhost		
(Signature of a member or authorized representative of a member)	_	
Madeleine C. Talboth		
(Printed or typed name of signee)	to set in this amonitor. I finished across to	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pr am familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified	igree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby d in Writing of this change.	
(Signature of Registered Agent)		
Division of Corporations, P.O. Box	6327. Tallahassee, FL 32314	
FILING FEE: \$25.00		