

104000067506

MARGE RYDER
ADORNO & YOSS LLP - (MIA)
2555 PONCE DE LEON BLVD.
MIAMI FL 331346012

(Address)

(Address)

(City/State/Zip/Phone #)

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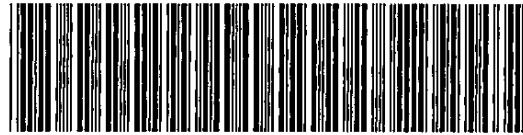
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ADORNO & YOSS
A LIMITED LIABILITY PARTNERSHIP
2525 PONCE DE LEON BOULEVARD, SUITE 400
MIAMI, FLORIDA 33134-6012
PHONE: (305) 460-1000, FAX: (305) 460-1422
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MARGARET O'D. RYDER
PARALEGAL

DIRECT LINE: (305) 460-1162
DIRECT FAX: (305) 503-8944
EMAIL: MOR@ADORNO.COM

November 9, 2006

VIA UPS

Florida Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

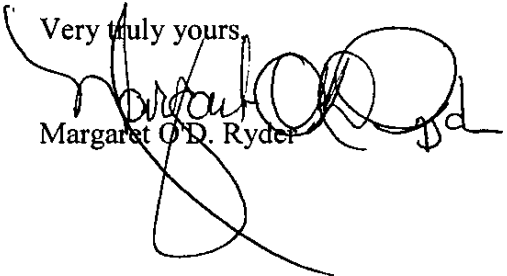
Re: JHM Pinecrest LLC – Change of Registered Address

Ladies and Gentlemen:

Enclosed herein is the Statement of Change of Registered Agent and Office for the captioned company. Also enclosed is a check in the amount of \$25.00 to cover the required filing fee. Please acknowledge receipt of this filing by stamping the enclosed copy of this letter and return the same to me in the enclosed self-addressed, stamped envelope.

If you have any questions please contact me at my direct number (305) 460-1162.
Thank you.

Very truly yours,


Margaret O'D. Ryder

Enclosures

cc: Brian K. Goodkind (w/encs)
Jay H. Massirman (w/encs)

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Jay H. Massirman (w/encs)

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 limited liability company is: JHM PINECREST LLC

2. The mailing address of the limited liability company is : _____

5275 HAMMOCK DRIVE, CORAL GABLES, FL 33156

09/14/2004

3. Date of filing/registration in Florida

L04000067506

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

JAY H. MASSIRMAN

Name

777 BRICKELL AVENUE, SUITE 1000

Address

MIAMI, FL 33131

City, State and Zip

6. The name and address of the new registered agent and/or office:

JAY H. MASSIRMAN

Name

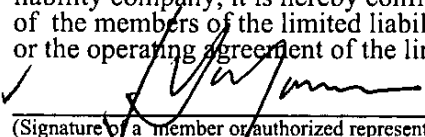
5275 HAMMOCK DRIVE

Florida street address (P.O. Box NOT acceptable)

CORAL GABLES, FL 33156

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


(Signature of a member or authorized representative of a member)

JAY H. MASSIRMAN, MANAGER MEMBER

(Printed or typed name of signer)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


(Signature of Registered Agent)

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

FILING FEE: \$25.00

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