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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: <u>Windham Proper</u> (Name	rty, LLC e of Limited Liability Company)
(* (##	or = masou andomy, company)
Dear Sir or Madam:	
The enclosed Registered Agent/Register	red Office Change and fee(s) are submitted for filing.
Please return all correspondence concer-	ning this matter to the following:-
William P. McCaughan (Name of Person)	
Kirkpatrick & Lockhart P: (Firm/Company)	reston Gates Ellis, LLP
200 So Riscayne Blvd., (Address)	20th Floor
Miami, Florida 33131 (City/State and Zip Code)	· ·
For further information concerning this	matter, please call:
William P. McCaughan (Name of Person)	at (_305)539_3300 (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the follo	owing amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

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.

agent, or both, in the S	State of Florida.		
1. The name of the lir	nited liability company is: _	Windham Property, LL	C
2. The mailing addres	s of the limited liability comp	pany is: <u>200 So. Biscayn</u>	e Blvd.
Wachovia Financi	al Center, 20th Flo	oor, Miami, FL 33131	
10/07/04	·	L0400007309	
3. Date of filing/regis	tration in Florida	4. Document number	
5. The name of the reg Florida Department		red office address as shown on th	e records of the
	William P. McCar N	ighan	-
	201 S. Biscayne Ad	Blvd., 20th Floor	DIVIS 07 I
	_Miami, Florida City, St	33131 ate and Zip	SION OF A
6. The name and addre	ess of the new registered ager	nt and/or office:	S PH
	- William P. Mo Na	:Caughan —— me	SIAI S:
	Florida street address (I	P.O. Box NOT acceptable)	35 ONS
	Miami,	33131 FL	
	City, Stat	te and Zip	
and the business office liability company, it is of the members of the or the operating agreer	e change or changes are made of the registered agent will	der the laws of the State of Florile, the Florida street address of the identical. Or, in the case of a hange(s) was/were authorized by as otherwise provided in the articompany.	he registered office
(Printed or typed name of sig	N. M. CHUGH	17N	
• • • •	<i>'</i>	nt and agree to act in this capac o the proper and complete perfo of my position as registered ager ed to merely reflect a change in i company has been notified in wr	ity. I further agree to rmance of my duties, it as provided for in the registered office iting of this change.
(Signature of Registered Ager	at)		

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