(04000076019

(Requestor's Nar	ne)
(Address)	
(Address)	
(City/State/Zip/Ph	ione #)
PICK-UP WAIT	MAIL
(Business Entity	Name)
(Document Numb	per)
Certified Copies Certifica	ates of Status
Special Instructions to Filing Officer:	

Office Use Only



900050410009

##25.00 *#±25.00 **25.00

SECRETARY OF STATE
TALLAHASSEE FLORIDA

LAW OFFICES OF O' HAIRE, QUINN, CANDLER & CASALINO CHARTERED

MICHAEL O'HAIRE JEROME D. QUINN RICHARD B. CANDLER* GREGG M. CASALINO PAUL R. AMOS

*LL M. (MASTER OF LAWS-TAXATION)
BOARD CERTIFIED - WILLS, TRUSTS & ESTATES

BIII CARDINAL DRIVE, VERO BEACH, FL 32963 P.O. BOX 4375, VERO BEACH, FL 32964

> TELEPHONE (772) 231-8900 FACSIMILE (772) 231-9729 E-MAIL, OOC @ OOC-LAW COM

April 14, 2005

FILED

05 APR 18 PN 3: 42

SECRETARY OF STATE
AHASSEE FLORIDA

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

Re: Indrio Properties, LLC

Change of Registered Agent

To Whom It May Concern:

Relative to the above referenced limited liability company, enclosed for filing with the state is an original Statement of Change of Registered Office and Registered Agent. Also enclosed is this firm's check in the amount of \$25.00 for filing fees.

Your assistance is appreciated. Should you have any questions, please do not hesitate to contact me.

Sincerely,

Magdalen M. Doherty

Assistant to Gregg M. Casalino

Enclosures

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 limite	d liability company is:	Indrio Pr	operties, LLC	
2. The mailing address of				Suite 112
Boca Raton, FL 33434				
October 19, 2004			L04000076019	
3. Date of filing/registration in Florida		4. Document number		
5. The name of the register Florida Department of S	ered agent and the regist State: John Carter	tered office	address as shown on t	he records of the
	131 NE 1st Avenue	Name , Suite 10	0	٦. ٥
	Boca Raton, FL 334	Address 132 State and 2	Cip	FIL 05 APR ' SECRETA FALLAHA
6. The name and address of the new registered agent and/or office:				
	Gregg M. Casalino			EFF.S
Name 3111 Cardinal Drive		FILED APR 18 PH 3: 42 AFRTARY OF STATE		
	Florida street address	(P.O. Box	NOT acceptable)	3
	Vero Beach	_{FL} 3296	53	
	City, St	tate and Zij	p	
If the limited liability come confirmed that after the chand the business office of liability company it is her the members of the limited the operating agreement of the limited the operating agreement of the limited the operating agreement of the limited that the operating agreement of the limited that the operating agreement of the limited that the limited liability company is a second to the limited liability company in the limited liability company is a second liability company in the limited liability company in the liability company is a second liability company in the liability comp	the registered agent will by confirmed that the d hability company or a fithe limited liability co	II be idention than the change (s) of the change	ws of the State of Flor orida street address of total. Or, in the case of a was/were authorized by the provided in the article	ida, it is hereby he registered office a Florida limited y an affirmative vote of es of organization or
George Schmildt	L			
(Printed or typed name of signee)				
I hereby accept the appoing comply with the provision and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered ag s of all statutes relative d accept the obligations his document is being f that the limited liability	gent and ag to the prop to fmy pos iled to mer y company	ree to act in this capac per and complete perfo ition as registered ager ely reflect a change in has been notified in w	city. I further agree to irmance of my duties, nt as provided for in the registered office riting of this change.

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

FILING FEE: \$25.00

INHS18(10/99)

(Signature of Registered Agent)