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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name

: CHARLES BACLET AND ASSOCIATES INC

Account Number : 120080000054

: (949)955~9585

Fax Number

: (800)652-6504

REGISTERED AGENT CHANGE

HUNTINGTON PLACE OPERATOR, LLC

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EXAMINER

Electronic Fiffing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Huntington Place Operator, LLC		
	Liability Company)	
Dear Sir or Madam: The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this m	atter to the following:	
Nicole Parnell	SECR TALLA	08 HAY 2
(Name of Person)	HE AAA	.¥ 2
Charles Baclet and Associates, Inc.	Sold Sold Sold Sold Sold Sold Sold Sold	ώ Σ
(Firm/Company)	EST (သ လ
2030 Main Street, Suite 1030	RADE	8: 29
(Address)		
Irvine, CA 92614		
(City/State and Zip Code)	·	
For further information concerning this matter, plea	ase call:	
Nicole Parnell at (949) 955-9585	
	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amo	ount:	
2 \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	

INHS18 (5/08)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

9499559590

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: Huntington Pt	ace Operator, LLC
2. (a) Principal office address of limited liability compa	any: 500 Washington Street
(Note: MUST BE STREET ADDRESS)	Suite 700 San Francisco, CA 94111
(b) Malling address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	
10/25/2004	L04000077411
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Depurof State:
Registered Agent:	CT Corporation System SS 3
Registered Office Address:	1200 South Pine Island Road Plantetion, FL 33324
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	© K₫
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2731 Executive Park Drive Suite 4
•	Weston,FL_33331
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idliability company, it is hereby confirmed that the change of the members of the limited liability company or as off or the operating agreement, the limited liability company (Signature of a member or authorized representative of a member)	
Thomas Coates, Managing Member (Printed or typed name of signee)	
I hereby accept the appointment as registered agent an comply with the provisions of all statules relative to the and I am famillar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited Dability comp	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.
(Signature of Registered Agent) Jose Castellanos, Asst. S	Secretary
Division of Corporations, P.O. Box	6327. Tallahassee, FL 32314

FILING FEE: \$25.00