Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222~1092

Fax Number

: (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC REGISTERED AGENT CHANGE DECADE 80-VII GP, LLC

Certificate of Status	0
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EXAMINGER

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: DECADE 80-VII GP, LLC				
Name o	of Limited Liab	ollity Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered	d Office Chans	ge and fee(s) are submitted for filing		
Please return all correspondence concerni	_			
1 10000 1010111 bil oottooponderioo concerna	ne ma merch	w me tonowing.		
			رس البلا	fn.a Cab
Michael Sweet		<u></u>		
Name of Person			延用	居
Decade Group			A.S. A.S.	2841 DEC 29
Firm/Company			}}; };	
13555 BISHOPS COURT SUITE 345			SS	æ.
, Address			흦류	es es
			•	
BROOKFIELD WI 53005 US				
City/State and Zip Code				
msweet@decadegroup.com				
E-mail address: (to be used for future annual repo	rt notification)			
For further information concerning this ma	atter, please ca	11;		
Michael Sweet	. , 262	√797-9215		
Name of Person	at (Area Code & Daytime Telephone Number		
a toppo de a desest		I man course in the man a desiration to select		
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section Division of Corporations	Registration Section 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 follow	ving amount:			
□ \$25 Filing Fee	0 \$	55 Filing Fee & Certified Copy		
INHS18 (5/08)				

11/11014 (NO

FLB(5 - | 1/14/3010 C T System Online

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 understande limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

	une of the limited liability company: DECADE 80-VII	GP, LLC					
2. (a) Principal office address of limited liability company		ny: 240 BAYSIDE DRIVE					
(Note: MUST BE STREET ADDRESS)			CLEARWATER FL 33767-2503 US				
(b)	Mailing address of limited liability company:	y: 13555 BISHOPS COURT SUITE 345					
	(Note: MAY BE POST OFFICE BOX)	BROOK	BROOKFIELD WI 53005 US				
12/23/2	2004	L040000	93067		oji eticio		
3. Da	te of filing/registration in Florida	4. Docu	ment number				
5. (a)	Registered Agent and Registered Office shown on	the recor	ds of the Florida D	ept. of	State:	r L	
	Registered Agent:		S-LAWDOCK, INC.	•	SSE ARY	<u>,</u>	
	Registered Office Address:	1395 PA	NTHER LANE SUITE	300	. O.	200	
		NAPLES	FL 34109-7874		7-03		
					BH.	<u>ු</u> නු ජා	
(b)	Enter name of NEW Registered Agent and/or NE	W Regis	ered Office addre	<u>:55</u> :	22 (4)	(A)	
	NEW Registered Agent:	С Т Сол	oration System				
	NEW Registered Office Address:	1200 South Pine Island Road					
	(MUST BE FLORIDA STREET ADDRESS)	Plantatio	<u> </u>	FI	33324		
confix and the liability of the	limited liability company is not organized under the limed that after the change or changes are made, the Febusiness office of the registered agent will be idently company, it is hereby confirmed that the change(s) members of the limited liability company or as other operating agreement of the limited liability company	lorida str ical. Or,) was/we wise pro	eet address of the r in the case of a Fid re authorized by an	egisten orida lir affilm	ed office mited ative vo	te	
1	wor in thember or outhorized representative of a member. Keielleber	-					

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

INHS18 (05/08)