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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

October 24, 2005

JUAN DIEGO CALLE 701 BRICKELL AVE. SUITE 1740 MIAMI, FL 33131

SUBJECT: MONTEBELLO 13 LLC Ref. Number: L05000010095

We have received your document for MONTEBELLO 13 LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Letter Number: 605A00064507

Agnes Lunt Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER-LETTER

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TO: Amendment Section Division of Corporations

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SUBJECT: Montebello 13 LLC (Name of Corporation) SECRETARY OF STATE TALLAHASSEE. FLORIDA				
DOCUMENT NUMBER: L05000010095				
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Juan Diego Calle (Name of Contact Person)				
Montebello 13 LLC (Firm/Company)				
701 Brickell Avenue suite 1740 (Address)				
Miami FL 33131 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Juan Diego Calle / Joice Boetius at (305) 372-0075 (Name of Contact Person) (Area Code & Daytime Telephone Number)				

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITE! 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 revitered agent, or both, in the State of Florida.
1. The name of the limited liability company is: Montebello 13 Usas NOV -7 P 4: 05
2. The mailing address of the limited liability company is: 701 Brickets CHARRY OF STATE
Suite 1740, Miami FC 33131 TALLAHASSEE, FLORIDA
02/01/05 0500010095
3. Date of filling/registration in Florida 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: Juan Diego Calle Name
141 NE 3 Ave suite 1100
Mianu FC 33132 City, State and Zip
6. The name and address of the new registered agent and/or office:
Juan Diego Calle
Florida street address (P.O. Box NOT acceptable)
Miami FL 33137
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 mythber of authorized representative of a member) (Printed or typed name of signee)
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)
Physician of Cornerations P.O. Roy 6327 Tallahassee Ft. 32314

FILING FEE: \$25.00