L05000024198

Peter J. Vanautch, esq., (Requestor's Name)					
OBO Andalusia Ave.					
SHC. 350 (Address)					
Com Connes H 33134 (City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



100047843841

04/04/05--01011--021 **25.00



T. Brumbley APR R 7000

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 limit	ed liability company is	: Ponce C	Circle Developers,	L.L.C.	
2. The mailing address of					
Coral Gables, Florida		75			
March 9, 2005			L05000024198		
3. Date of filing/registra	tion in Florida	. ,	4. Document nun	nber	
5. The name of the regist Florida Department of	State:			on the records of the	
	Sic	dney Z. Bro	die —		
	7270 N.W.	Name . 12th Stree	et, PH-1	FILL 05 APR -4 TALLANS	
	B.45	Address	400	另一	
Miami, Florida 33126 City, State and Zip				30. 4 三	
6. The name and address	·	•	•	E = 0	
or the manife and address	-	Yanowitch,		ED N. 10: 19	
	232 Andalusia	<u> </u>		NDA 19	
	Florida street addre				
	Coral Gable	es _{El} 33	3134		
		State and Zi		•	
If the limited liability corconfirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement (Signature of a member of autto	hange or changes are in the registered agent wereby confirmed that the diability company or of the limited hability of the limited hability.	made, the Flovill be identing change(s) ras otherwise company.	orida street address A	Clorida, it is hereby of the registered office of a Florida limited by an affirmative vote of ticles of organization or	
Rafael A. S			_		
(Printed or typed name of signee					
\ \	intment as registered as of all statutes relatived accept the obligation this document is being that the limited liabil	agent and as we to the pro ns of my pos filed to mer ity company	gree to act in this caper and complete pe ition as registered a rely reflect a change has been notified in	pacity. I further agree to erformance of my duties, ugent as provided for in in the registered office writing of this change.	
(Signature of Registered Agent) Division	on of Corporations, P	.O. Box 632	27, Tallahassee, FL	32314	

FILING FEE: \$25.00

INHS18(10/99)