L05000028123

•					
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Bus	siness Entity Nar	ne)			
(Doc	cument Number)				
Certified Copies	Certificates	of Status			
Special Instructions to F	Filing Officer:				
]			
		<u> </u>			
<u> </u>					

Office Use Only



500070299995

04/14/06--01006--008 **25.00

OF AFR 14 PM 12: 53

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Biltmore Office Park, LLC (Name of I	Limited Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning	this matter to the following:		
Joseph A. Porrello	opivis		
(Name of Person)	APR I		
Joseph A. Porrello, P.A. (Firm/Company)	OF APR 14 PH 12: 53		
(i mir company)	112: E		
P.O. Box 450249			
(Address)			
fiami, Florida 33245			
(Chartonian and sulp Code)			
For further information concerning this matte	er, please call:		
Joseph A. Porrello	at (305) 374-0092		
(Name of Person)	(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 followin	ng amount:		
	\$55 Filing Fee & Certified Copy		

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 com	pany is: Biltmore Office	e Park, LLC	
2. The mailing address o	f the limited lia	ability company is: $\frac{1}{2}$	2450 Northwest South	River Drive
Miami, Florida 33178				
March 22, 2005			L05000028123	
3. Date of filing/registration in Florida			4. Document number	
5. The name of the regist Florida Department of	ered agent and t	the registered office a	address as shown on t	he records of the
rionan z opmonion o		JIMENEZ, JR .		
	12450 NODT	Name	/ED DDIVE	
12450 NORTHWEST SOUTH RIVER DRIVE Address				
MIAMI FL 33178				PR SE
	-	City, State and Zip	p	- FA
6. The name and address	of the new regi	stered agent and/or o	ffice:	P PP
	Joseph A. Po	orrello, Esq.		OF APR 14 PM 12: 53
	2000 0 11	Name		53 53
		est Third Avenue, Su t address (P.O. Box N		ų,
	Piorida sueci	address (F.O. Box I	(OT acceptable)	
	Miami	FL 33129	9	
		City, State and Zip		
If the limited liability conconfirmed that after the cand the business office oliability company, it is he of the members of the lir or the operating agreement	hange or changi the registered a eby confirmed tited liability of of the limited	es are made, the Flor agent will be identica I that the change(s) w ompany or as otherw I liability company.	ida street address of the case of a large. Or, in the case of a cas/were authorized by	he registered office a Florida limited y an affirmative vote
(Signature of a member or author	ized representative o	of a member)		
MIGUEL A. JIME (Printed or typed name of signee)	NEZJR			
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or if address, I hereby confirm	intment as regis s of all statutes d accept the ob his doofment is that the linited	stered agent and agress relative to the property of the property of my posity seeing filed to merely diability company his	ee to act in this capac er and complete perfo ion as registered agen y reflect a change in t as been notified in wr	ity. I further agree to rmance of my duties, it as provided for in the registered office iting of this change.
(Signature of Registered Agent)				

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

INHS18 (8/05)