L05000028130

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04/14/08--01006--011 **25.00

OR APP II. PHID: 53

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Biltmore Commerce Center (Name of I	Er, LLC 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	g this matter to the following:	
Joseph A. Porrello		
(Name of Person)	······	
Joseph A. Porrello, P.A. (Firm/Company)		06 PER 14 PM 12: 53
P.O. Box 450249		14 CO
/ 4 J.J)		PH (
Miami, Florida 33245); 53
(City/State and Zip Code)		
For further information concerning this matte	ter, please call:	
Joseph A. Porrello	at (305) 374-0092	
(Name of Person)	(Area Code & Daytime Telephone N	umber)
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	ng amount:	
\$25 Filing Fee	\$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 limited liability company is	S: Biltmore Commerce Center, LLC	<u></u> .
2. The mailing address of the limited liability of	company is : 12450 Northwest South F	River Drive
Mlami, Florida 33178		
March 22, 2005	L05000028130	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the reg Florida Department of State:	istered office address as shown on th	ne records of the
MIGUEL A. JIMEN		
42450 NODTHW/50	Name ST SOUTH RIVER DRIVE	
12450 NORTHWES	Address	
MIAMI FL 33178	Address	ت:
	, State and Zip	
6. The name and address of the new registered	agent and/or office:	T JAPAN CARA
Joseph A. Porrello,	Esq.	
Joseph A. Porrello, Esq. Name 2929 Southwest Third Avenue, Suite 320 Florida street address (P.O. Box NOT acceptable)		
2929 Southwest Third Avenue, Suite 320 Florida street address (P.O. Box NOT acceptable)		
Florida street addre	ss (P.O. Box NOT acceptable)	0 OKS
Miami	FL 33129	
City,	State and Zip	
If the limited liability company is not organized confirmed that after the change or changes are and the business office of the registered agent will liability company it is hereby confirmed that the of the members of the limited liability compan or the operating agreement of the limited liability.	made, the Florida street address of th will be identical. Or, in the case of a ne change(s) was/were authorized by y or as otherwise provided in the artifity company.	ne registered office Florida limited an affirmative vote
(Signature of a member or authorized representative of a mem	ber)	
MIGUEL A. JIMENEZ, JR. (Printed or typed name of signee)		
I hereby accept the appointment as registered comply with the provisions of all statutes relation and I am familiar with and accept the obligation Chapter 608, F.S. Or, if this agrument is being address, I hereby confirm that the Amirad liabil	agent and agree to act in this capaci ve to the proper and complete perfor ons of my position as registered agent of filed to merely reflect a change in the lity company has been notified in wri	ty. I further agree to mance of my duties, t as provided for in he registered office ting of this change.
(Signature of Registered Agent)		
Division of Corporations, P	P.O. Box 6327, Tallahassee, FL 323	314

FILING FEE: \$25.00