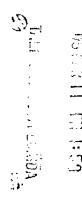
## 

Rocke McLean Sbar  —— Allorneys at Law —— 100 N. Tampa St. —— Suite 3575 —— Tampa, FL 33602					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
L05-30805					
Shew Office Use Only					



04/11/05--01058--001 \*\*25.00





## 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 limite	d liability company is:	Broward	Point Developmer	nt, LLC	
2. The mailing address of	the limited liability cor	mpany is :	14500 Beach Blv	d	
Jacksonville, Florida 3		·····•			
			1.05000020005		
March 29, 2005			L05000030805		
3. Date of filing/registrati	on in Florida		4. Document num	ber	
5. The name of the register Florida Department of	rred agent and the regist State: Reto J. Schneider	ered office	address as shown or	n the records of the	
	371 19th Street	Name			
Address					
Atlantic Beach, Florida 32233					
	City,	State and Z	tp		
6. The name and address of the new registered agent and/or office:					
	John C. Parker			and angel	
	14500 Beach Blvd.				
	Florida street address (P.O. Box NOT acceptable)				
	Jacksonville	FL 3225	50	1 69 S	
	City, St	tate and Zip	,	1.5	
If the limited liability conconfirmed that after the cland the business office of liability company, it is her the members of the limite the operating agreement of the limited liability conficulty and the limited liability confirmed that after the classification of the limited liability confirmed that after the classification of the limited liability confirmed that after the classification of the limited liability confirmed that after the classification of the limited liability company, it is here the classification of the limited liability company and the liability company is a second liability company of the limited liability company is a second liability company of the limited liability company is a second liability company of the limited liability company of the limited liability company is a second liability company of the limited liability company of the liability c	nange or changes are mathe registered agent will be confirmed that the disability company or a fahe limited liability co	ade, the Flo ll be identic change(s) v is otherwise impany.	rida street address o	of the registered office	
John G. Crivelli, Esq.					
(Printed or typed name of signee)		<del></del>			
I hereby accept the appoint comply with the provision and I am familiar with and Chapter 608. F.S. Or, if the address, I hereby confirm	100	ent and agi to the prop of my posi led to mere company	ree to act in this cap er and complete per tion as registered a ly reflect a change i has been notified in	acity. I further agree to formance of my dulies, gent as provided for in in the registered office writing of this change.	
(Signature of Registered Agent)	Jakur				
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314					

INHS18(10/99)

**FILING FEE: \$25.00**