## L05000034696

StreetSide Tampa, LLC c/o StreetSide Developers, LLC 3625 Cumberland Blvd. Suite 260 Atlanta, Georgia 30339				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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05/02/05--01035--003 \*\*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 limit	ed liability company is	STREETSIDE TAMPA	, LLC
		ompany is : 13050 CURL	
DADE CITY, FLORIDA			
04/08/2005		L05000034696	
3. Date of filing/registration in Florida		4. Document	number
5. The name of the regist Florida Department of	ered agent and the regi State: JON P. CHRISTIA	stered office address as show	wn on the records of the
	13050 CURLEY R	Name OAD	<del></del>
	DADE CITY, FLOR	Address RIDA US 33525 State and Zip	
6. The name and address	·		
CT CORPORATION SYSTEM			
	1200 SOUTH PINE	Name E ISLAND ROAD	
	Florida street addres	s (P.O. Box NOT acceptable	le)
	PLANTATION	<sub>FL</sub> 33324	
	City, S	State and Zip	
confirmed that after the c and the business office of	hange or changes are n the registered agent was reby confirmed that the d liability company or	under the laws of the State nade, the Florida street addreill be identical. Or, in the cechange(s) was/were author as otherwise provided in the company.	ess of the registered office
(Signature of a member or author	rized representative of a memb	er)	12 13
BLAIR G. SCHLOSSBERG			
(Printed or typed name of signee)		<del> </del>	
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 registered and of all statutes relatived accept the obligation this document is being that the limited liability	gent and agree to act in this e to the proper and complet as of my position as register filed to merely reflect a cha ty company has been notifie  llan Farnell, Vice Pi	s capacity. I further agree to te performance of my duties, ed agent as provided for in nge in the registered office d in writing of this change. resident

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

**FILING FEE: \$25.00**