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Division of Corporations

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Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : CUEVAS & ORTIZ, P.A.
Account Number : 120030000123
Phone : (305) 461-9500
Fax Number : (305) 448-7300

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REGISTERED AGENT CHANGE

ISLA GRANDE LLC

Certificate of Status	0
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Estimated Charge	\$35.00

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**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.

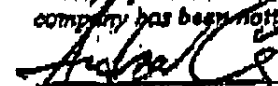
1. The name of the limited liability company is: ISLA GRANDE LLC
2. The mailing address of the limited liability company is: 10729 SW 104 ST.
MIAMI FL 33176
3. Date of filing/registration in Florida: APRIL 20, 2005
4. Document Number: LC0000038583
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Name: CAMIL CALVARADO
Address: 10729 SW 104 ST.
City, State and Zip: MIAMI FL 33176
6. The name and address of the new registered agent and/or office: (P.O. Box Not Acceptable)
Name: ANDREW CUEVAS EBO
Florida Street Address: 536 BALTIMORE WAY
City, State, and Zip: CORAL GABLES, FL 33134

If the Limited Liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

X 
(Signature of a member or authorized representative of a member)

CAMIL CALVARADO
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


(Signature of Registered Agent)

(Date)

FILING FEE: \$35.00
NHS18(10/99) DIVISION OF CORPORATIONS, P.O. BOX 5327, TALLAHASSEE, FL 32314

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