0.50000 38615

| Schedile Land Composition (Requestor's Name) 3800 S. Ocean Dr. (Address) Suite 210 (Address) Hollywood, Fl. 3309 | 300052963603 | | | |
|---|-----------------------------------|--|--|--|
| (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) | 05/09/0501063002 **25. 0 0 | | | |
| Certified Copies Certificates of Status Special Instructions to Filing Officer: | | | | |
| | SECRETARY OF TALLAHASSEE F | | | |

Office Use Only

HII: 12 F STATE FLORIDA

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 li | lability company | is: JAUC | SONVIL | LE LA | ND COP | 1 PANY LL |
|--|--|---|--|--|--|---|
| 2. The mailing address of the | e limited liabilit | y company is: | 3800 5 | South | Ocean | Drive |
| Suite 210 | Hollywa | od, FL | 330 | 19 | | |
| 4/20/2005 | | | | | 38619 | |
| 3. Date of filing/registration | in Florida | = | 4. Docume | | | _ |
| 5. The name of the registered Florida Department of Stat | | | | | | he |
| | 5800 Sout Hollywor | Name th Ocean Address ALFL Sity, State and Zi | Drive 33019 | , Suite | 210 | |
| 6. The name and address of the | | | | | | |
| | Abbey 201 S. I | Kaplan Biscayna Iress (P.O. Box) | e Blud | <u>/</u> | | |
| | | • | - | , | Zς | 95 |
| _/ | Miami Cit | FL y, State and Zip | 33131 | <u> </u> | £2 E2 | 3 |
| If the limited liability compare confirmed that after the changand the business office of the liability company, it is hereby the members of the limited little operating agreement of the limited little little little operating agreement of the limited little lit | ny is not organiz ge or changes ar registered agen y confirmed that ability company e limited liability | red under the lave made, the Flort will be identicated the change(s) we or as otherwise by company. | rida street ac | ddress of the | registered o lorida limile | |
| (Signature of a member or authorized | · | ember) | | | | |
| Robert J. (Printed or typed name of signee) | Garcia | | | | | |
| I hereby accept the appointm comply with the provisions of and I am familiar with and a Chapter 608, F.S. Or, if this address, I hereby confirm tha | tent as registere fall statules rela scept the obligat document is bei tt the limited lia | d agent and agr tive to the prop tions of my posit ng filed to mere bility company h | ee to act in er and comp ion as regis ly reflect a c as been not | this capacity plete perform stered agent change in th tifled in writ | v. I further a nance of my as provided e registered ing of this ch | igree to duties, for in office iange. |
| (Signature of Registered Agent) | | _ | | | | |