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LIMITED LIABILITY COMPANY

Broken Sound United (6111) LLC

Certificate of Status	1
Certified Copy	1
Page Count	02-3
Estimated Charge	\$160.00

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**CERTIFICATION OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: BROKEN SOUND UNITED (6111) LLC.
2. The name and address of the registered agent and office is:

Melissa Crowe
7777 Glades Road, Suite 201
Boca Raton, Florida 33434

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in its capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Melissa Crowe, Registered Agent

Date

4/26/05

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