## L050000045/52

From: Origin ID: (561)999-9300 Lloyd Granet, Esq. Lloyd Granet, P.A. 2295 NW CORPORATE BLVD Ste. 235 BOCA RATON, FL 33431	TALLAHASSER
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)  Certified Copies Certificates of Status	
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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 flegistered agent, or both, in the State of Florida.

agent, or both, in the State of	f Florida.			- 20  -
1. The name of the limited li	iability company is:	2660 2nd LLC		SECRETARY OF
2. The mailing address of the	e limited liability con	npany is : 2 Virgi	nia Gardens, De	Iray Beach
Florida, 33483				,
May 6, 2005		L050	000045152	
3. Date of filing/registration	in Florida	4. Do	cument number	
5. The name of the registered Florida Department of State L		ered office address	as shown on the	records of the
2	295 NW Corporate	Name Boulevard, Suite	= 235	
В	Boca Raton, FL 334	Address 31 State and Zip		
6. The name and address of t	he new registered age	ent and/or office:		
_J:	ames Batmasian			
2	15 N. Federal High	ame way	_	
F	Florida street address	(P.O. Box NOT a	cceptable)	
Во	oca Raton,	FL 33432		
	City, Sta	ate and Zip		
If the limited liability compare confirmed that after the chan and the business office of the liability company, it is hereby the members of the limited little operating agreement of the (Signature of a member of authorized (Printed or typed name of signes)  I hereby accept the appointment of the limited or typed name of signes)  I hereby accept the appointment of the provisions of the limited with and a Chapter 608 F.S. Or if this address I hereby confirm the	age or changes are made registered agent will by confirmed that the clability company or as the limited liability confirmed that the confirmed agent as registered agent as the confirmed that the confirme	de, the Florida stre be identical. Or, hange(s) was/wer s otherwise provid mpany.  ent and agree to act of my position as	eet address of the in the case of a Fle authorized by an ed in the articles of the case of	registered office orida limited a affirmative vote of of organization or  I further agree to ance of my duties, as provided for in
(Signature of Registred Agent)  Division of	of Corporations, P.O	). Box 6327, Talla	hassee, FL 3231	4

**FILING FEE: \$25.00**