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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Old Pompano Redevelopm (Name of Limit	nent Company, LLC ted Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Damaso W. Saavedra, Esq. (Name of Person)	2005 l
Saavedra, Pelosi, Goodwin & Herm (Firm/Company)	ann, A.P.A.
312 S.E. 17th Street, Second Floor	TE S
(Address)	
Fort Lauderdale, Florida 33316 (City/State and Zip Code)	
For further information concerning this matter, p	lease call:
	(954) 767-6333
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following an	mount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

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 compa	any is: Old Pompano Redevelopment Company, LLC
2. The mailing address of the limited liabi	lity company is : 3400 Robbins Road, Pompano Beach,
Florida 33062	
May 13, 2005	L05000047970
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and th Florida Department of State:	e registered office address as shown on the records of the
Rodrigo L. S	Saavedra Name
	ederal Highway, Building 2 Address ale, Florida 33306 City, State and Zip ered agent and/or office: ire Name S Road address (P.O. Boy NOT acceptable)
6. The name and address of the new regist	ered agent and/or office:
<u>Joseph S. M</u> 3400 Robbins	Name s Road PLORE TO PROPERTY OF THE PROPERTY
Florida street a	address (P.O. Box NOT acceptable)
Pompano Be	ach FL 33062
•	City, State and Zip
confirmed that after the change or changes and the business office of the registered as liability company, it is hereby confirmed to of the members of the limited liability con or the operating agreement of the limited	inized under the laws of the State of Florida, it is hereby is are made, the Florida street address of the registered office gent will be identical. Or, in the case of a Florida limited that the change(s) was/were authorized by an affirmative vote impany or as otherwise provided in the articles of organization liability company.
(Signature of a member or authorized representative of	a member)
Joseph S. Mire (Printed or typed name of signee)	
I hereby accept the appointment as regist comply with the provisions of all statutes and I am familiar with and accept the oblining this document is address. Thereby confirm that the limited	ered agent and agree to act in this capacity. I further agree to relative to the proper and complete performance of my duties, igations of my position as registered agent as provided for in being filed to merely reflect a change in the registered office liability company has been notified in writing of this change.
(Signature of Registered Agent)	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (8/05)