

L05000049028

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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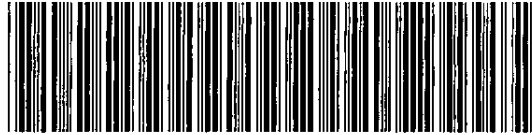
(Business Entity Name)

(Document Number)

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November 19, 2007

*Of Counsel
**Board Certified Real Estate
***Board Certified Business Litigation

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 NOV 26 PM 4:14

Re: Statement of Change of Registered Office or Registered Agent
Our File No. 99365.053

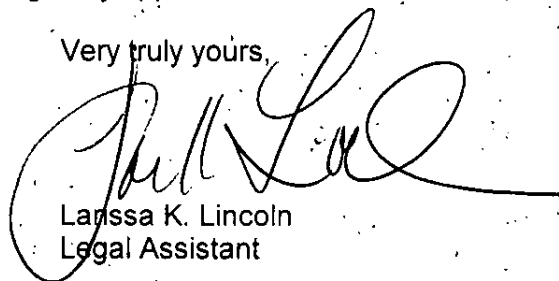
Dear Sir/Madam:

Enclosed please find the original of the above referenced Statement of Change of Registered Office or Registered Agent. Please change your records accordingly.

A check in the amount of \$25.00 is enclosed in payment for the cost of filing.

Your prompt assistance in this matter is greatly appreciated.

Very truly yours,



Larissa K. Lincoln
Legal Assistant

LKL/jrb

cc: Gregory C. Cohen

A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

712 U.S. HIGHWAY ONE • SUITE 400 • P.O. BOX 13146 • NORTH PALM BEACH, FLORIDA 33408-7146

TELEPHONE: (561) 844-3600 • FACSIMILE: (561) 842-4104

**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: TUSCAN VILLAS AT BOYNTON BEACH, LLC
2. The mailing address of the limited liability company is: 631 US HIGHWAY 1, STE #220
NORTH PALM BEACH, FL 33408

05/17/2005

L05000049028

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CHRISTIAN D. POSADA, ESQ.

Name

1400 NORTHPPOINT PKWY, STE #20

Address

WEST PALM BEACH, FL 33407

City, State and Zip

6. The name and address of the new registered agent and/or office:

GREGORY R. COHEN

Name

712 U.S. HIGHWAY ONE, STE 400

Florida street address (P.O. Box NOT acceptable)

NO. PALM BEACH, FL 33408

City, State and Zip

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.


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

JAMES PAISLEY

(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)

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

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