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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: PALM BEACH PINIENT (Name of Limited I	カモS LLC Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	nange and fee(s) are submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
MICHAEL OLSHER (Name of Person)	ter to the following: D6 MAY 15 AM 10: 33
THE OLS HER GRAP (Firm/Company)	IO: 33
2700 N. MILITAM MAIL, SUIT	<u>e 210</u>
BOCA RATON To 33431 (City/State and Zip Code)	· .
For further information concerning this matter, pleas	e call:
(Name of Person) at ((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 amou	int:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

INHS18 (8/05)

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 liab	ility company is: <u>//Ar</u>	M BEACH /	ON PENNE	3 LLC	<u>_</u> .
2. The mailing address of the li	mited liability company	is: 2700 N.	MILIMMY	MAN, SVITA	<u>e 210</u>
BOCA RATION			,	. ,	•
• · · · · · · · · · · · · · · · · · · ·			500005		
3. Date of filing/registration in	Florida	4. Docume		, , , ,	_
5. The name of the registered ag Florida Department of State:				ecords of the	
<u> </u>	Name	•			
<u>. 3</u>	or y AMATO RD.	<u>Suine 4150</u>		96	
E	Name Name	 33431		題多	77:
	City, State a	ind Zip		製了	
6. The name and address of the				能量	ė C
	GEORGE PI	NCUS		E ST C	Ę
	GEDRUL PI Name 2255 GADES ida street address (P.O.	PD, SVIR 3	Yow .	OF MAY 15 AN TO STATE SECRETARY OF STATE FLORIDA	ယ္
Flor	ida street address (P.O.	Box NOT accept	able)		
	City, State an	d Zip		-	
If the limited liability company confirmed that after the change and the business office of the re liability company, it is hereby c of the members of the limited li- or the operating agreement of the	or changes are made, the	e Florida street ac	idress of the re	egistered office	e _ n
(Signature of a member of authorized rep	resentative of a member)				
Michael Ols	sher				

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