10500006578

2005 JUL 25 P 2: 36					
(Requestor's Name) AHASSEE, FLORIDA					
(Requestors Namel AHASSEE, FLORIO)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
AL.1					

Office Use Only

100057674121

07/25/05--01057--021 **200.00

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 of registered agent, or both, in the State of Florida.

agem, or own, in the plan	•			V U Yarah Basan Gastr
1. The name of the limite	d liability com	pany is: IEM-Cape C	oral Ventures, I	<u></u>
2. The mailing address of	the limited lia	bility company is: 172	26 7th Avenue,	Suite 22 SECRETARY OF STATE
Tampa, FL 33605				SECRETARY OF STATE TALLAHASSEE, FLORIDA
07/06/2005		L	05000066578	
3. Date of filing/registrati	ion in Florida	4.	Document numb	per
5. The name of the registe Florida Department of S	State:	the registered office add		the records of the
		Name	<u> </u>	
	3001 N. ROC	cky Point Drive East, 5 Address	Suite 200	
	Tampa, FL			
		City, State and Zip		-
6. The name and address of	of the new regi	stered agent and/or offic	e:	
	Independen	t Executive Managem	ent, LLC	
	1726 7th Av	Name enue, Suite 22		
•	Florida stree	t address (P.O. Box NO	T acceptable)	•
	Tampa	_{FL} 33605		
		City, State and Zip		
If the limited liability come confirmed that after the chand the business office of liability company, it is her the members of the limited the operating agreement of	nange or change the registered a beby confirmed d liability come f the limited liability	es are made, the Florida agent will be identical. that the change(s) was/pany or as otherwise proability company.	street address of Or, in the case of were authorized l	the registered office a Florida limited by an affirmative vote of
(Signature of a member of authori	zed representative of	of a member)		
Marco Alessandro Cap			,	,
(Printed or typed name of signee)		_	• .	
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm (Signature of Registered Agent)	ntment as regi s of all statutes d accept the ob his document i that the limited	stered agent and agree to relative to the proper a ligations of my position s being filed to merely relations to the liability company has	to act in this cape and complete per as registered as eflect a change i been notified in s	acity. I further agree to formance of my duties, ent as provided for in the registered office writing of this change.
Divisio	n of Corporat	ions, P.O. Box 6327, T	allahassee, FL	32314

FILING FEE: \$25.00

INHS18(10/99)