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**Secretary of State**

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<b>DOCUMENT # L05000090050</b> 1. Entity Name <b>EMERALD SHORES AKRON CONDO INVESTORS, LLC</b>				<b>Secretary of State</b> 04-17-2006 90047 047 ****50.00	
Principal Place of Business <b>6874 TREVES WAY BOYNTON BEACH, FL 33437</b>		Mailing Address <b>6874 TREVES WAY BOYNTON BEACH, FL 33437</b>			
2. Principal Place of Business <b>6874 TREVES WAY</b>		3. Mailing Address <b>SAME</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-3213101</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>DWORKEN, DAVID M 6874 TREVES WAY BOYNTON BEACH, FL 33437</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when retreating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>MEM DAVID M. DWORKEN 6874 TREVES WAY BOYNTON BEACH, FL 33437</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>MEM HOWARD W. BEAUSTEIN 9025 PEATH ROAD LAKE WORTH, FL 33467</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <b>Howard W. Beaustein</b> <b>2-21-06 8363</b> <b>561-968-</b>					