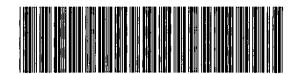
105000100276

Best Beach Properties, In (Requestor's Name)							
7145 Collins Ave							
(Address)							
(Address)							
Miami Beach FL33141 (City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(,,							
. (Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
DB							
Office Use Only							



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09/28/07--01027--017 **25.00

O7 SEP 28 PM 3: LL SECRETARY OF STATE TALLAHASSEE, FLORIDA

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 limite	ed liability compan	ıy is: Crespi	Holdings LLC				·	
2. The mailing address o	f the limited liabili	ity company	is : 7145 Collins	s Avenue, Mia	ım <u>i</u> Beac	h, Fl 3	3141 .	
_								
10/12/2005			1.0500010	10276				
10/12/2005 3. Date of filing/registration in Florida			4. Document number					
5. Date of tilling/registrat	iioii iii rioriua		4. Docum	nent number				
5. The name of the regist Florida Department of		registered of	ffice address as	shown on th	e record	s of th	.e	
	Abraham Cheh	ebar	-					
		Name						
	7145 Collins Ave							
	Minusi Danah El	Addres	S					
	Miami Beach, Fl	City, State a	nd Zin		₽ĕ	· 0		
		•	•		LA LA	78		
6. The name and address	of the new register	red agent and	d/or office:		HA	<u></u>	n	
	Steven Schmutt	.er			SS	28		
		Name		 _	ing =			
	7145 Collins Ave				75	PH.		
	Florida street ad	ldress (P.O. l	Box NOT accep	ptable)	TATE ORID,	3: 4(U	
	Miami Beach	FL	33141			-		
	С	ity, State and	l Zip					
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the lin or the operating agreeine	hange or changes a f the registered age creby confirmed the mited liability com	are made, the ent will be id at the change pany or as o	e Florida street entical. Or, in t e(s) was/were a therwise provid	address of th the case of a uthorized by	e registe Florida an affin	ered of limited mative	ffice d vote	
(Signature of a member or autho	rized representative of a	member)						
(Printed or typed name of signce	hehebar							
`	•	and against an	d agree to get :	n this cancai	b. Ifm	thou a	aree to	
I hereby accept the appa comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intiment as register ins of all statules re and accept the oblig this document is fi a that the limited it	rea agent an elative to the ations of my eing filed to ability comp	a agree to act in proper and con position as reg merely reflect any has been no	n inis capaci nplete perfor istered agen i change in ti otified in wri	mance of the control	iner as if my a vided for ered of his cha	tree to luties, or in office ange,	
(Signature of Registered Agent)								
Divisi	on of Corporation	s, P.O. Box	6327, Tallahas	ssee, FL 323	314			

FILING FEE: \$25.00

INHS18 (8/05)