105000.104225

(Requestor's Name)
(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:
1
0.00
J. O. C.
Office Use only



000088724670

02/21/07--01021--004 **225.00

SECRETARY OF STATE

FEB 21 AMIC

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 company is	El-Ad Tusca	any Pointe LLC			
2. The mailing address of	f the limited liability c	company is: _				
1301 International Parkway	, Suite 200, Sunrise, FL	. 33323				
10/21/2005			L05000104225	# <u>#</u> #		
3. Date of filing/registration in Florida		4. Document number				
	ered agent and the regi	istered office	address as shown on the record	ds of the		
-	American Information			7 97		
		Name		7 1		
	One S.E. Third Avenu					
		Address				
e e e e e e e e e e e e e e e e e e e	Miami, FL 33131					
City, State and Zip						
6. The name and address	of the new registered	agent and/or o	office:			
	NRAI Services, Inc.					
		Name	*	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
2731 Executive Park Drive, Suite 4						
Florida street address (P.O. Box NOT acceptable) Weston FL 33331						
	Weston	FL 33331		AR 명		
	City,	State and Zip)	AN N		
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 hatted 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)						
	•	,				
Shaoul Mishal, Authorized (Printed or typed name of signee	Representative)		$(\sigma_{\mathcal{F}} \cap \mathcal{F}_{\mathcal{K}}) = (-1)^{k} \cdot (-1)$	oran ayayara ya		
(Signature of Registered Agent)	y le		ree to act in this capacity. I fu per and complete performance ition as registered agent as pro ely reflect a change in the regi, has been notified in writing of			
Laura Lightholder, Assistar Divisi	ม Secretary on of Corporations, I	P.O. Box 632	7, Tallahassee, FL 32314			

FILING FEE: \$25.00

INHS18(10/99)