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(Req	juestor's Name)	
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COVER LETTER

Registration Section Division of Corporations			
UBJECT: GE Property Investments, LLC Name of Limited Liability Company			
Liability Company			
•			
Change and fee(s) are submitted for filing.			
atter to the following:			
GE Property Investments, LLC			
			
			
PEMBROKE PINES, FL 33027			
			
on)			
,			
ase call:			
305) 724-8867			
Area Code & Daytime Telephone Number			
MAILING ADDRESS:			
WIAILINE AIRENCAN:			
Registration Section			
Registration Section Division of Corporations			
Registration Section Division of Corporations P.O. Box 6327			
Registration Section Division of Corporations			
Registration Section Division of Corporations P.O. Box 6327			

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.	Name of the limited liability company:	GE Property Investments, LLC			
2.	(a) Principal office address of limited liability con	ompany: 571 SW 142 AVE. APT. O-408			
	(Note: MUST BE STREET ADDRESS)	PEMBROKE PINES, FL 33027			
	(b) Mailing address of limited liability company:	: 571 SW 142 AVE. APT. O-408			
(Note: MAY BE POST OFFICE BO		PEMBROKE PINES, FL 33027			
	11/17/2005	L05000111670			
3.	Date of filing/registration in Florida	4. Document number			
5.	(a) Registered Agent and Registered Office show	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
	Registered Agent:	Alexandr Gonzalez			
	Registered Office Address:	1140 SW 171 Terrace Pembroke Pines, FL 33027			
		T embloke times, TE 30027			
	(b) Enter name of <u>NEW Registered Agent</u> and/on <u>NEW Registered Agent</u> :	or NEW Registered Office address Alexandr Gonzalez			
	NEW Registered Office Address:	571 SW 142 AVE. APT. O-408			
	MUST BE FLORIDA STREET ADDRESS	PEMBROKE PINES ,FE33027			
co an lia of or Sig	enature of a member or authorized representative of a member AEXADA GONZATEZ inted or typed name of signee hereby accept the appointment as registered agent	t and garge to act in this capacity. I further agree to			
co an Cr ad	imply with the provisions of all statutes relative to the statutes of the statu	t that agree to act in this capacity. I further agree to the proper and complete performance of my duties, my position as registered agent as provided for in I to merely reflect a change in the registered office ompany has been notified in writing of this change.			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (05/08)

Signature of Registered Agen