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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	∍#)
PICK-UP	WAIT	MAIL
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BRYAN DEC 2.7 2006

COVER LETTER

Division of Corporations		
SUBJECT: US Euro Harborside, LLC		
(Name of Lin	nited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.	
Please return all correspondence concerning the	is matter to the following:	
,		
Carl-Christian Thier		
(Name of Person)		_ 9
		06 DEC
Jupiter USA, Inc.		HE NEW
(Firm/Company)		26
		COR
200 S. Orange Avenue, Suite 2025		RPOR
(Address)		OF DEC 26 PM 3: 27
		. 7
Orlando, FL 32801		
(City/State and Zip Code)		•
For further information concerning this matter,	, please call:	
Carl-Christian Thier	at (407) 245-8360	
(Name of Person)	(Area Code & Daytime Telephone	Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following	amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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 limited liability company is:	US Euro Harborside, LLC
2. The mailing address of the limited liability cor	npany is: 200 S. Orange Avenue, Suite 2025
Orlando, FL 32801	
01/03/2006	L0600000623
3. Date of filing/registration in Florida	4. Document number
Florida Department of State: Warren Stanchina	
•	Name
	tional Dr, Suite 515 Address Clote and Zin
Orlando, FL 32822	DEC
City, S	State and Zip PF CR
6. The name and address of the new registered agent and/or office:	
200 S. Orange Ave	A. 3. RATATE
Orlando	FL 32801
City, St	ate and Zip
and the business office of the registered agent will liability company, it is hereby confirmed that the	ade, the Florida street address of the registered office 1 be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote or as otherwise provided in the articles of organization company.
Т: /	
(Printed or typed name of signee)	·
	rent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, of my position as registered agent as provided for in led to merely reflect a change in the registered office company has been notified in writing of this change.

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