

(Re	equestor's Name)	•••
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SECRETARY OF STATE ALLAHASSEE. FLORIDA

FILED

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: South "M" Street Apartments, (Name of Lin	, LLC 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 this	is matter to the following:	
Michael Linet		
(Name of Person)	74 E	
South "M" Street Apartments, LLC	TILL 10 P 4: 13 TALLAHASSEE, FLORIBA	
(Firm/Company)	ASS TAR	
3215 Karen Drive	P P P	
(Address)	ORITATE I	
Delray Beach, Florida 33483	D	
(City/State and Zip Code)		
For further information concerning this matter,	please call:	
Michael Linet	at (305) 632-0885	
(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	

INHS18 (8/05)

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:	SOUTH "M" STREET APARTME	NTS, LLC	
2. The mailing address o	f the limited liability co	ompany is :		
3215 Karen Drive, Delray Beach, Florida 33483				
January 17, 2006		L0600000531	L06000005311	
3. Date of filing/registrat	ion in Florida	4. Document num	nber	
5. The name of the register Florida Department of	ered agent and the regist	tered office address as shown	on the records of the	
•	Stephen V. Hoffma	an, Esq.		
		Name		
3440 South Ocean Boulevard, Apt 101-s				
Address Palm Beach, Florida 33480			Eg = T	
		State and Zip	発育	
Address Palm Beach, Florida 33480 City, State and Zip 6. The name and address of the new registered agent and/or office:				
	Michael Linet		FES	
	3215 Karen Drive	Vame	D 4: 14 P 4: 14 FOR STATE	
	Florida street address	(P.O. Box NOT acceptable)	ア	
	Delray Beach	FL 33483	<u> </u>	
	City, St	ate and Zip		
confirmed that after the cl and the business office of liability company, it is her of the members of the lim or the operating agreemen	tange or changes are mathe registered agent will reby confirmed that the little liability company at of the limited liability	under the laws of the State of F ade, the Florida street address of Il be identical. Or, in the case of change(s) was/were authorized or as otherwise provided in the company.	of the registered office of a Florida limited I by an affirmative vote	
(Signature of a member or authori	zed representative of a member			
Michael Linet		•	,	
(Printed or typed name of signee)	_			
I hereby accept the appoing comply with the provision and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm (Signature of Registered Agent)	ntment as registered ag s of all statutes relative d accept the obligations his document is being fi that the limited liability	ent and agree to act in this cap to the proper and complete pe of my position as registered a led to merely reflect a change company has been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.	

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