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SECRETARY OF STATE TALLAHASSEF, IT GOTHA

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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INHS18(10/99)

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 compa	ny is: El-Ad FL Beach III LLC			
2. The mailing address of the limited liabil			<u> </u>	
1301 International Parkway, Suite 200, Sunrise	e, FL 33323	50.50	<u></u>	
2/23/2006	L06000021	083		
3. Date of filing/registration in Florida	4. Docume			* -='+'
5. The name of the registered agent and the Florida Department of State:	registered office address as si	hown on the re	cords of the	
Angelo, Barry & E			ær-	to the second second
	Name	<del></del> 1		=
515 East Las Ola	s Boulevard, Suite 850 Address	<u> </u>	7001	<del></del>
Cast i avalandala		Z	= 7	3
City, State and Zin				<u>.</u>
				<b>23</b>
6. The name and address of the new registered agent and/or office:				7
NRAI Services, in	c.	-म् `*;		•
	Name	STATE LORIDA	ਨ੍ਹ	•
2731 Executive Pa	ark Drive, Suite 4		Ш С	
Florida street a	ddress (P.O. Box NOT accept	table)	w.	
Monton	77 2224			
Weston	FL 33331	<u> </u>	-	: <b>.</b>
	lity, State and Zip			
If the limited liability company is not organ confirmed that after the change or changes and the business office of the registered agliability company, it is hereby confirmed the members of the limited liability compatible operating agreement of the limited liability company.	are made, the Florida street acent will be identical. Or, in the at the change(s) was/were autry or as otherwise provided in lity company.	ddress of the re te case of a Flo thorized by an a	egistered off rida limited affirmative	vote of
Shaoul Mishal, Authorized Representative	<u>,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, </u>	φ si±	2 7.	ها داد چال د مواهید
(Printed or typed name of signee)			T.C. 43	
I hereby accept the appointment as registe comply with the provisions of all statutes rand I am familiar with and accept the oblig Chapter 608, F.S. Or, if this document is taddress, I hereby confirm that the limited I NRAI Services inc.	red agent and agree to act in elative to the proper and compartions of my position as registeing filed to merely reflect a clability company has been not	this capacity, plete performa, stered agent as change in the rifled in writing	I further ag nce of my di provided fo egistered of of this cha	ree to uties, or in fice nge.
(Signature of Registered Agent) Laura Lightholder, Assistant Secretary Division of Corporation	ns, P.O. Box 6327, Tallahass			

FILING FEE: \$25.00