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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	1
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Office Use Only



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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 limit	ed liability company is: El-Ad Lake	Shore LP LLC	
	of the limited liability company is:		
1301 International Parkway	, Suite 200, Sunrise, FL 33323	• · · · · · · · · · · · · · · · · · · ·	
4/5/2006		1.06000035770	
3. Date of filing/registrat	tion in Florida	L06000035770 4. Document number	**************************************
o. Date of Himproposition	non in Fiorida	4. Document number	
5. The name of the regist Florida Department of	ered agent and the registered office State:	address as shown on the records	of the
	_ American Information Services, Inc.		
	Name		• •
	One S.E. Third Avenue, 28th Floor		
	Address	•	· =
	Miami, FL 33131		SF. O7
	City, State and Z	ip	FEB 2
/ The name and addings	• •	*	B 257
6. The name and address	of the new registered agent and/or	office:	
•	NRAI Services, Inc.		OF STA
•	Name		= SRS
*** -	2731 Executive Park Drive, Suite 4		- AE
	Florida street address (P.O. Box	NOT acceptable)	0 20
	Weston FL 33331		
	City, State and Zip)	· File
confirmed that after the c and the business office of liability company, it is he the members of the limite	npany is not organized under the la hange or changes are made, the Flof the registered agent will be identicated confirmed that the change(s) wed liability company or as otherwise of the limited liability company.	rida street address of the register al. Or, in the case of a Florida li vas/were authorized by an affirm	ed office mited ative vote of
(Signature of a member or author	rized representative of a member)	·· · · · · · · · · · · ·	
-			
Shaoul Mishal, Authorized (Printed or typed name of signee)		the second section	
(Signature of Registered Agent) Laura Lightholder, Assistar	nt Secretary	v 9	er agree to my duties, ded for in red office is change.
Divisio	on of Corporations, P.O. Box 632	7, Tallahassee, FL 32314	

FILING FEE: \$25.00

INHS18(10/99)