10000044046

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| L. SELLERS |

EXAMINER

Office Use Only

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SECRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: SIENA DOWNTOWN ASSO (Name of L | OCIATES, LLC imited Liability Company) |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered O | ffice Change and fee(s) are submitted for filing. |
| Please return all correspondence concerning | this matter to the following: |
| KEITH L. MOORE, ESQ. (Name of Person) | |
| (Firm/Company) | |
| 806 GREENWOOD STREET | |
| (Address) | |
| EVANSTON, ILLINOIS 60201 | |
| (City/State and Zip Code) | |
| For further information concerning this matter | er, please call: |
| KEITH L. MOORE | at (847) 332-0110 |
| (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 followin | g 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.

| ,, | 10 of 5 101 111011 | | | | | |
|--|--|--|--|--------------------------------|------------------------|--------|
| 1. The name of the limit | ed liability company is: | SIENA DOWNT | OWN ASSOCIATE | S, LLC | | _ |
| 2. The mailing address of | of the limited liability co | ompany is : <u>980</u> | NORTH MICHIC | BAN AVE., S | UITE 1110, | |
| CHICAGO, ILLINOIS 606 | 11 | | | ··· | | |
| MAY 4, 2006 | • | LO | 06000049646 | | | |
| 3. Date of filing/registra | tion in Florida | 4. | Document num | ıber | | |
| 5. The name of the regist Florida Department of | ered agent and the regist State: | stered office add | dress as shown o | on the record | ds of the | |
| 1 | GINNY NIERENBL | JRG | | | | |
| | 3662 24TH AVENUE | | | | | |
| | | Address | | | | |
| | ST. PETERSBURG, | FL 33713 State and Zip | | | | |
| C The | • . | • | | | | |
| 6. The name and address | of the new registered a | gent and/or offic | ce: | | | |
| | JOHN H. MARLING | | _ | | | |
| | | Name | | | | |
| | 209 TOWN CENTER | | 7 | | | |
| | Florida street address | s (P.O. Box NO | r acceptable) | | | |
| | DAVENPORT, | FL 33896 | | | | |
| | City, S | state and Zip | | | | |
| If the limited liability cor confirmed that after the cand the business office of liability company, it is he of the members of the lir or the operating agreement (Signature of a member or author) | thange or changes are me fithe registered agent with the registered agent with the reby confirmed that the nited liability company of the limited liability. | nade, the Florida ill be identical. change(s) was/or as otherwise y company. | or, in the case of | of the registe of a Florida | ered office limited | : 1 |
| KEITH L. MOORE, ESQ. (Printed or typed name of signee |) | <u></u> | | | | |
| I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm | intment as registered as sof all statutes relative and accept the obligation this document is being to that the limited liability | gent and agree to to the proper a s of my position filed to merely r y company has | to act in this cap ind complete pe as registered a eflect a change been notified in | - 0 | | o |
| (Signature of)Registered Agent) | elleg. | | | ECR LLA | 800 | |
| | on of Corporations, P. FILING | O. Box 6327, Ta G FEE: \$25.00 | allahassee, FL | 323145ARY | JAN-7 | - |
| INHS18 (8/05) | | | | TO TO | | Ì |