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SECRETARY OF STATE ALLAHASSEF, EI ORION

FILED

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

Pursuant to the provisi liability company subm agent, or both, in the Sto	ons of sections 60 its the following sta ate of Florida.	3.416 or 608.508 stement in order i	, Florida Statutes, o change its regist	the unders ered office	igned li or regi.	mited stered
1. The name of the limi	ted liability compar	ıy is: SIENA DOWI	NTOWN 2006, LLC			,
2. The mailing address	of the limited liabil	ity company is : 9	80 NORTH MICHIGA	AN AVE., SU	IITE 111	0,
CHICAGO, ILLINOIS 606						
MAY 4, 2006			L06000049649			
			4. Document num	ber		
5. The name of the regis Florida Department o		registered office a	address as shown or	n the record	s of the	
•	GINNY NIERE	NBURG				
		Name				
3662 24TH AVENUE NORTH						
Address ST. PETERSBURG, FL 33713						
		City, State and Zij				
6. The name and address	s of the new register	red agent and/or o	ffice:	SEC TALL	2008 JAN	
	JOHN H. MARL	ING			JAN	-
Name 209 TOWN CENTER DRIVE				ARY ASSEI	-	m
	Florida street ac	ldress (P.O. Box M	NOT acceptable)	24.43 S. 43.43	84:11 HA	Ö
	DAVENPORT,	FL 33896	6	ORID	-	
	C	ity, State and Zip		A	Φ	
If the limited liability co confirmed that after the and the business office of liability company, it is h of the members of the l or the operating agreem	change or changes a of the registered age sereby confirmed the	are made, the Florent will be identicated the change(s) was pany or as otherwaltity company.	rida street address on the case of the cas	of the registe of a Florida l I by an affirr	red offi limited native v	vote
(Signature of a member or auth	orized representative of a	member)				
KEITH L. MOORE, ESQ	l .					
(Printed or typed name of signs	•					
I hereby accept the app comply with the provision and I am familiar with a chapter 608, F.S. Or, i address, I hereby confir (Signature of Registered Agent	ellens	ed agent and agr lative to the prop ations of my posit sing filed to mere ability company h	ee to act in this cap er and complete per ion as registered as ly reflect a change i as been notified in	pacity. I furi rformance o gent as prov in the regist writing of th	her agn f my du ided foi ered off iis chär	ee to ties, r in fice ige
Conguerant of tregistered ARCIN	, 1					

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

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