

DOCUMENT# L06000063785

Entity Name: ASTOR PROPERTY MANAGEMENT LLC

New Principal Place of Business:

Current Mailing Address:**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

REGISTERED AGENTS OF FLORIDA, LLC
100 S.E. SECOND STREET, SUITE 2900
MIAMI, FL 33131 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date _____

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: ASTOR PROPERTY MANAG, EMENT, INC.
Address: 2601 SOUTH BAYSHORE DRIVE, SUITE 1800
City-St-Zip: MIAMI, FL 33133

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PETER TORRES

MGR

02/23/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date