
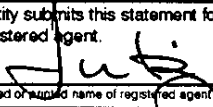
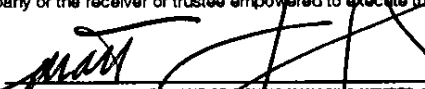


FILED
Apr 30, 2007 8:00 am
Secretary of State

60043668

DOCUMENT # L06000073485		04-30-2007 90050 043 ****50.00	
1. Entity Name 10 SOUTHPORT PLAZA LIMITED COMPANY			
Principal Place of Business SUITE 401, ONE LINCOLN PLACE 1900 GLADES RD. BOCA RATON, FL 33431		Mailing Address SUITE 401, ONE LINCOLN PLACE 1900 GLADES RD. BOCA RATON, FL 33431	
2. Principal Place of Business - No P.O. Box # 398 CAMINO GARDENS BLVD.		3. Mailing Address REALCAP ASSOCIATES LLC 40 398 CAMINO GARDENS BLVD	
Suite, Apt. #, etc. SUITE 104		Suite, Apt. #, etc. SUITE 104	
City & State BOCA RATON, FL		City & State BOCA RATON, FL	
Zip 33432		Zip 33432	
Country USA		Country USA	
4. FEI Number 22-3950596		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent W. RODGERS MOORE, P.A. SUITE 401, ONE LINCOLN PLACE 1900 GLADES RD. BOCA RATON, FL 33431		7. Name and Address of New Registered Agent Name REALCAP ASSOCIATES, LLC Street Address (P.O. Box Number is Not Acceptable) 398 CAMINO GARDENS BLVD. SUITE 104 City BOCA RATON FL Zip Code 33432	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 4/10/07 (NOTE: Registered Agent signature required when reappointing)			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP MGRM JAROSZEWICZ, JAN SUITE 401, ONE LINCOLN PLACE, 1900 GLADES RD BOCA RATON, FL 33431 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP MGRM MATTHEW JAROSZEWICZ 6951 PALMAR COURT BOCA RATON, FL 33433 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  DATE Daytime Phone #			