

206000079841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

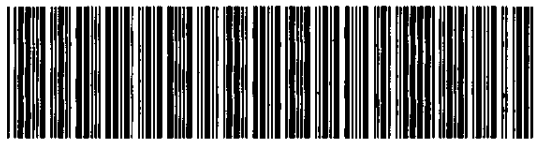
(Business Entity Name)

(Document Number)

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Change of RA
206-79

STATE DEPT OF STATE
TALLAHASSEE, FLORIDA
09 DEC 22 AM 10:00

FILED

N. CAUSSEAU

DEC 22 2009

EXAMINER

N. CAUSSEAU

DEC 23 2009

EXAMINER

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. Name of the limited liability company: Aventura Marina TH #118, L.L.C.

2. (a) Principal office address of limited liability company: 300 East State Street
Jacksonville, Florida 32202
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: Same
(Note: MAY BE POST OFFICE BOX)

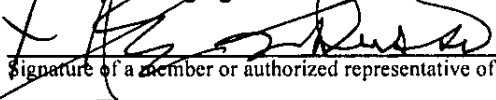
08/11/2006
3. Date of filing/registration in Florida

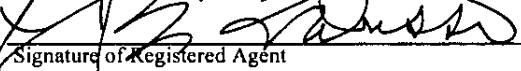
L06000079841
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: John S. Duss, IV, Esq.
Registered Office Address: Ford, Bowlus, Duss, Morgan, Kenney, S
10110 San Jose Boulevard
Jacksonville, Florida 32257

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Agent: John S. Duss, IV
NEW Registered Office Address: Duss, Kenney, Safer, Hampton & Joos
(MUST BE FLORIDA STREET ADDRESS) 4348 Southpoint Boulevard, Suite 101
Jacksonville, FL 32216

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


Signature of a member or authorized representative of a member
John S. Duss, IV, Authorized Person
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

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

FILED
09 DEC 22 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA