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DIVISION PH 1: 19



COVER LETTER

TO: Registration Section Division of Corporations	,
SUBJECT: BHH HRH REALTY ASSOCIA (Name of Limited L	7.
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
JORDAN KLINGSBERG (Name of Person)	
TESCHER GUTTER CHAVES ET AL	
(Firm/Company)	
2101 CORPORATE BLVD., SUITE 107	
(Address)	
BOCA RATON, FLORIDA 33431	
(City/State and Zip Code)	
For further information concerning this matter, please	call:
JORDAN KLINGSBERG at (56°	1) 998-7847
(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 following amoun	ıt:
\$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.

1. The name of the limited liability company	is: BHH HRH REALTY ASSOCIATES, I	LLC	• • •
2. The mailing address of the limited liability	company is : 1320 SOUTH DIXIE HIG	<u> </u>	
SUITE 940, CORAL GABLES, FLORIDA			
AUGUST 29, 2006	L06000085496		
3. Date of filing/registration in Florida	4. Document number		
5. The name of the registered agent and the registered Brida Department of State: M & W AGENT		ecords of t	he
WATTHE	Name		<u> </u>
2101 CORPORATE BLVD. STE. 107		07	SE
Address		DEC	39
BOCA RATON, FLORIDA 33431		Ċ	.~p
Cit	ty, State and Zip		
6. The name and address of the new registered agent and/or office:		PH	
B & J MANAGEMENT CORPORATION			41
1320 SOUTH DI	Name XIE HIGHWAY, SUITE 940 ess (P.O. Box NOT acceptable)	- 9	
CORAL GABLES City	S FL 33146 , State and Zip	<u></u>	
If the limited liability company is not organize	ed under the laws of the State of Florida,	it is hereby	y office

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)

BERNARD HERSKOWITZ

(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 auties, 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 filled 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