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B. KOHR

JUN 1 3 2008

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. The name of the limit	ed liability company is:	ACP ORANGE	AVENUE INVEST	ORS LLC	
2. The mailing address o	f the limited liability cor	mpany is :			
444 BRICKELL AVENUE, S	UITE 900 MIAMI FL 33131				
			0.5000.00.00		
10/20/2006	L06000102460				
3. Date of filing/registrat	tion in Florida	4	. Document num	iber	
5. The name of the regist Florida Department of	ered agent and the regist State:	tered office ad	ldress as shown c	on the records of the	
	LEGAGNEUR, NATHALI	IE			
	•	Name			
	444 BRICKELL AVENUE	SUITE 900			
		Address		4, 0	
MIAMI FL 33131 US					
City, State and Zip					
6. The name and address of the new registered agent and/or office: CT Corporation System Name 1200 South Pine Island Road Florida street address (P.O. Box NOT acceptable)					
C T Corporation System					
Name Park Plant Park					
1200 South Pine Island Road					
Florida street address (P.O. Box NOT acceptable)					
	Plantation	FL	33324	· · · · · · · · · · · · · · · · · · ·	
	City, St	tate and Zip			
If the limited liability corconfirmed that after the cand the business office of liability company, it is he of the members of the lipor the operating agreement (Signature of a member or authors)	hange or changes are many the registered agent will be reby confirmed that the mited liability company of the limited liability	ade, the Floric ll be identical change(s) wa or as otherwis company.	la street address of Or, in the case of	of the registered office of a Florida limited	
Anthony LiCausi, Attorney in					
(Printed or typed name of signce	,				
I hereby accept the appo comply with the provision and I am familiar with ar Chapter 608, F.S. Or, if address Allereby confirm	intment as registered as ns of all statutes relative nd accept the obligations this document is being f that the limited liability	gent and agree to the proper to fmy position iled to merely y company ha	e to act in this cap and complete pe on as registered a reflect a change s been notified in	pacity. I further agree to erformance of my duties, egent as provided for in in the registered office writing of this change.	
By: WMMONY A			my LiCausi		
(Signature of Registered Agent)		Vice	President		
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314					
FILING FEE: \$25.00					

INHS18 (8/05)