

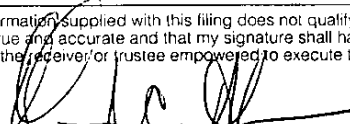


**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90181 001 \*\*\*\*50.00

<b>DOCUMENT # L06000106170</b>				03-29-2007 90181 001 *****50.00																									
<b>1. Entity Name</b> CONVENTION CENTER RESIDENTIAL DEVELOPMENT LLC																													
<b>Principal Place of Business</b> 1001 EAST ATLANTIC AVENUE SUITE 202 DELRAY BEACH, FL 33483 US			<b>Mailing Address</b> 1001 EAST ATLANTIC AVENUE SUITE 202 DELRAY BEACH, FL 33483 US																										
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> 1000 Market Street Suite, Apt. #, etc. Suite 300																											
Suite, Apt. #, etc.		City & State Portsmouth, NH		01042007 Chg-LLC CR2E083 (12/06)																									
City & State		Zip 03801		<b>4. FEI Number</b> <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																									
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>																									
<b>6. Name and Address of Current Registered Agent</b> CRITCHFIELD, RICHARD H 1001 EAST ATLANTIC AVENUE SUITE 201 DELRAY BEACH, FL 33483			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																										
<b>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.</b>																													
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																													
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>																											
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>																										
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<b>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.</b>																													
SIGNATURE:  1/19/07 (603) 559-2107																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #																													