

AUG-11-2008 MON 04:18 PM

FAX NO.

P. 01

Division of Corporations

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Florida Department of State

Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : SHUTTS & BOWEN LLP OPERATING ACCOUNT
Account Number : 120030000037
Phone : (561) 835-8500
Fax Number : (561) 650-8530

FILED
08 AUG 11 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

PALM BEACH OFFICE PROPERTIES LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

D. BRUCE

AUG 12 2008

EXAMINER

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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: PALM BEACH OFFICE PROPERTIES LLC
2. (a) Principal office address of limited liability company: 225 N.E. MIZNER BLVD., SUITE 200
 (Note: MUST BE STREET ADDRESS) BOCA RATON, FLORIDA 33432
- (b) Mailing address of limited liability company: 225 N.E. MIZNER BLVD., SUITE 200
 (Note: MAY BE POST OFFICE BOX) BOCA RATON, FLORIDA 33432

- 1/12/2007 L07000006181
 3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: CORPORATION COMPANY OF MIAMI

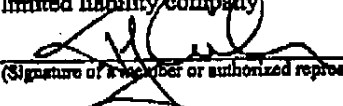
Registered Office Address: 250 AUSTRALIAN AVENUE SOUTH
SUITE 500
WEST PALM BEACH, FL 33401

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent: CORPORATION COMPANY OF MIAMI

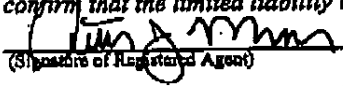
NEW Registered Office Address: 525 OKEECHOBEE BLVD.,
(MUST BE FLORIDA STREET ADDRESS) SUITE 1100
WEST PALM BEACH, FL 33401

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)

Thomas J. Crocker
 (Printed or typed name of signer)

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

INHS18 (05/08)

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