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SECRETARY OF SEATIONS
DIVISION OF CORPORATIONS
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DEPARTMENT OF STATES

DIVISION OF CORPORATIONS

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ACCOUNT NO.	: 072100000032	
REFERENCE	: 325316 7618263	
AUTHORIZATION	1	
COST LIMIT	: \$ 2 Smellible man	
ORDER DATE: November 19, 200		
ORDER TIME : 8:52 AM		
ORDER NO. : 325316-005		
CUSTOMER NO: 7618263		•
CHANGE OF A		SECRETARY OF STATE OF VIVISION OF CORPORATIONS 07 NOV 20 PM J2: 42
PLEASE RETURN THE FOLLOWING AS	S PROOF OF FILING:	0.
CERTIFIED COPY XX PLAIN STAMPED COPY	``	
CONTACT PERSON: Harry B. Davi	is EXT# 2926	
	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 limited	d liability company is:	FLORIDA	PROPERTY 1 I	LC .
2. The mailing address of				
WALNUT CREEK, O				
02/20/2007			L07000019628	
3. Date of filing/registrati	on in Florida	•	4. Document number	er
5. The name of the registe Florida Department of S	State:	•		the records of the
	JOH	B AGNET	TI	m
	909 NORTH N	Name IIAMI BEA	CH BLVD.	SECRET GIVISION CO
	MIA	Address MI FL 3316	52	ON OFF
City, State and Zip				FILE OF CO 20
6. The name and address	of the new registered a	agent and/or o	ffice:	OF STATE OR STATE OF
	Corporation	n Service Co	mpany	ATE ATTION 2: 42
	1201	Name Hays Stree	1	
	Florida street addre	ss (P.O. Box N	OT acceptable)	
	<u>Tallahassee</u>	FL	32301	-
	City,	State and Zip		
If the limited liability conconfirmed that after the cland the business office of liability company, it is he of the members of the lin of the operating agreement (Signature of a member or author)	hange or changes are to the registered agent we reby confirmed that the nited liability companate of the limited liability.	made, the Flor vill be identicate change(s) way or as otherway company.	ida street address of il. Or, in the case of as/were authorized	the registered office f a Florida limited by an affirmative vote
(Printed or typed name of signee				
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as registered is of all statutes relating accept the obligation this document is being that the limited liabi	agent and agree to the proposts of my posite filed to mere lity company h	ee to act in this cape er and complete per jon as registered ag ly reflect a change i as been notified in t	acity. I further agree to formance of my duties, ent as provided for in the registered office writing of this change.
(Signature of Registered Agent) Divisie	on of Corporations, l	P.O. Box 6327	, Tallahassee, FL	32314
/		NC FFF. \$75		

INHS18 (8/05)