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Certified Copies	_ Certificates	of Status
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EXAMINER

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SECRETARY OF STATE
DIVISION OF CORPORATION

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: MT Chatsworth LLC (Name of Limit	ted Liability Company)		
(Nume of Emili	company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
Linda C. Kerr, Legal Assistant			
(Name of Person)			
Genauer & Associates, PA			
(Firm/Company)			
9400 South Dadeland Blvd., Suite 600			
(Address)			
Miami, FL 33156			
(City/State and Zip Code)			
For further information concerning this matter, p	lease call:		
	786 363-4001		
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following an	nount:		
 ★ \$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 limit	ed liability company is: MT	Chatsworth LLC			
2. The mailing address of	of the limited liability company	is: 1601 Belvedere Road	d, Suite 407S	3,	
West Palm Beach, Fl					
March 6, 2007		L07000024670	L07000024670		
3. Date of filing/registration in Florida		4. Document number	4. Document number		
5. The name of the regist Florida Department of	ered agent and the registered o	ffice address as shown on the	records of the		
	Corporation Serv	ice Company			
	Name			Ð	
1201 Hays Street					
Address Tallahagaa FL 22201			08 FEB	SIO	
Tallahassee, FL 32301 City, State and Zip		띖	多 角		
6. The name and address	of the new registered agent and	•	=	¥RΥ ARY	
William A. Meyer		Meyer	PH	OF STA	
Name 1601 Belvedere Road, Suite 407S		d, Suite 407S	: 59	TATE	
	Florida street address (P.O. l	Box NOT acceptable)		<u></u>	
	West Palm Beach FL				
	City, State and	l Zip			
confirmed that after the cl	npany is not organized under the hange or changes are made, the the registered agent will be ideal to the change afted liability company or as of the limited liability company.	e Florida street address of the	registered offic		
William A. Mover, An (Printed or typed name of signee)	uthorized Representive				
• • • • • • • • • • • • • • • • • • • •	ntment as registered agent and sof all statutes relative to the date of the date of the document is being filed to that the limited liability compared to the liability compared to the limited liability compared to the liabilit	l agree to act in this capacity. proper and complete perform position as registered agent a nerely reflect a change in the any has been notified in writin	I further agre ance of my dut is provided for registered offi ig of this chang	e to ies, in ce ge.	

Qivision of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (8/05)

(Signature of Registered Agent)

William A. Meyer