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SECRETARY OF STATE

J. BRYAN

JAN 2 0 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJ				t <mark>ments,</mark> ty Compa			
Dear S	Sir or Madam:				r.		
The er	nclosed Registered Agent/Registered	d Office	Change a	and fee(s)) are submitted f	or filing.	
Please	return all correspondence concerni	ng this m	natter to	the follov	ving:		
	Frank C. Leotti Name of Person	300 00	COL	_			
	Ravenwood Apartments, Firm/Company	LLC				TO JAP SECRE FALL AF	pr.=
	17360 Colima Road, Suite	344	· · · · · · · · · · · · · · · · · · ·	_		JAN 19 PM 4:00 CRETARY OF STATE AHASSEE, FLORID	1
	Rowland Heights, CA 917 City/State and Zip Code	748		-) REF. 6	
E-	envee16@aol.com mail address: (to be used for future annual repo	ort notificati	on)	_		·	
For fu	rther information concerning this m	atter, ple	ase call:	•			
	Frank C. Leotti	at (_	626	_)	839-8824	1	
	Name of Person		, , <i>f</i>	Area Code &	Daytime Telephone	Number	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Regi Divi P.O.	stration S sion of Co Box 6327	orporations		
	Enclosed is a check for the follow	ving am	ount:				
	\$25 Filing Fee	* •		5 Filing F	Fee & Certified (Сору	

MER LE

INHS18 (5/08)

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:	Ra	avenwood Apartments, LLC			
2. (a) Principal office address of limited liability	ity company	: 8030 Old Kings i	Road		
(Note: MUST BE STREET ADDRES	<u>(S</u>)	Jacksonville, Florida, 32217			
(b) Mailing address of limited liability com	Mailing address of limited liability company:		17360 Colima Road, Suite 344		
(Note: MAY BE POST OFFICE BOX	9 15 15 15	Rowland Heights, CA 91748			
11-12-2008		L07000108627			
3. Date of filing/registration in Florida	• •	4. Document number			
5. (a) Registered Agent and Registered Office	shown on t	he records of the Florida Dept. of	State:		
Registered Agent:		Lawrence J. Bernard	5		
Registered Office Address:		Jacksonville, FL 32218	量丁		
(b) Enter name of <u>NEW Registered Agent</u> <u>NEW</u> Registered Agent:	and/or <u>NEV</u>	Michaelson Real Estate Grade	是一日		
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADD)	RESS)	12443 San Jose Blvd., #604			
If the limited liability company is not organized confirmed that after the change or changes are rand the business office of the registered agent valiability company, it is hereby confirmed that the of the members of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability signature of a member or authorized representative of a member of a member of a member or signature of typed name of signature of typed name of signature of the limited or typed name of signature of the limited or typed name of signature of the limited liability signature of the limited	vill be ident ne change(s) or as other ty company	aws of the State of Florida, it is he orida street address of the register ical. Or, in the case of a Florida li was/were authorized by an affirm wise provided in the articles of org.	mited lative vote ganization		
I hereby accept the appointment as registered comply with the provisions of all statutes relationed I am familiar with and accept the obligation Chapter 608, I.S. Or, I this document is being address, I hereby confirm that the limited liability	agent and a ve to the pro ns of my po filed to me ity company	gree to act in this capacity. I furth per and complete performance of sition as registered agent as provi rely reflect a change in the registe has been notified in writing of thi	per agree to my duties, ded for in red office is change.		

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

73. 20 5 73 .

INHS18 (05/08)