408000035843

	(Requestor's Name)			
·	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UI	P WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			

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MAR 28 2011

EXAMINER

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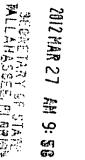
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OFFICE OF CORPORATIONS

OFFICE OF CORPORATIONS

TALLAHASSEPPER PRATIONS





ON SERVICE COMPANY					
ACCOUNT NO. : 12000000195					
REFERENCE : 137954 7576545					
AUTHORIZATION Spullele man					
COST LIMIT \$ 25.00					
ORDER DATE : March 21, 2012					
ORDER TIME : 9:29 AM	20 54 54				
ORDER NO. : 137954-010	2012 MAR SLEARA				
CUSTOMER NO: 7576545	#27				
CHANGE OF AGENT	99 F				
NAME: LBUBS 2007-C2 LAKE EOLA PARK, LLC					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY .					
CONTACT PERSON: Stephanie Milnes EXT# 2920					

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.	Nai	me of the limited liability company: LBUBS 2007-C2 L	AKE EOLA PARK, LLC			
2. (a)		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	c/o LNR Partners, Inc. 1601 Washington Avenue, Ste 700 Miami, FL 33139			
ı	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
4/9)/20	08	L08000035843			
3.	Dat	te of filing/registration in Florida 4	. Document number			
5.	(a)	(a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: CT Corporation System				
		Registered Agent:	CT Corporation System			
		Registered Office Address:	200 South Pine Island Road Plantation, FL 33324			
		٠.	75 9 C			
((b)	nter name of NEW Registered Agent and/or NEW Registered Office address:				
		NEW Registered Agent:	Corporation Service Company			
		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street			
MUSI BE PLORIDA STREET ADDRESS		TATO STREET TO BE LESS!	Tallahassee ,FL 32301			
that offi here liab lim	aft ce of eby iliti ited	imited liability company is not organized under the later the change or changes are made, the Florida street of the registered agent will be identical. Or, in the case confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of a liability company. See the P. Danne, Authorized Representative reformed a member or authorized representative of a member)	address of the registered office and the business to of a Florida limited liability company, it is an affirmative vote of the members of the limited			
		th P. Danne, Authorized Person or typed name of signee)				
`		by accept the appointment as registered agent and ag with the provisions of all statutes relative to the prop viliar with and accept the obligations of my position a br, if this document is being filed to merely reflect a ch in that the limited liability company has been notified i	ree to act in this capacity. I further agree to er and complete performance of my duties, and I s registered agent as provided for in Chapter 608, ange in the registered office address, I hereby n writing of this change.			
Bv:		your toknow				
(Sig	natu: G	re of Registered Agent) Corporation Service Company Grace E. Kirby, Assistant Vice President Division of Corporations, P.O. Box 6.	327, Tallahassee, FL 32314			

FILING FEE: \$25.00

INHS18 (05/08)