L-08000064122

(Rec	questor's Name)			
(Add	dress)			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				
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EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FI DON



ON SERVICE COMPANY			1.5	
ACCOUNT NO	. :	I2000000195	، معین	
REFERENC	CE :	041486 7606627	A100	
AUTHORIZATIO	ON :	Spullelenan	E SE SE SE	
COST LIMI	T :	\$ 25.00	A STATE OF	
ORDER DATE : June 18, 2009			Control of the second	
ORDER TIME : 4:48 PM			7	
ORDER NO. : 041486-005				
CUSTOMER NO: 7606627				
	. – – – –			
CHANGE OF AGENT				
NAME: FONTAINEBLE	CAU II	I 909, LLC		
PLEASE RETURN THE FOLLOWING	AS PR	COOF OF FILING:		
CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Joyce Markl	.ey	EXT# 2930		
		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.

- y =				
1. Name of the limited liability company: FONTAINE	BLEAU III 909, LLC			
 (a) Principal office address of limited liability company (<u>Note: MUST BE STREET ADDRESS</u>) 	SKOKIE IL 60077			
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	5454 WEST FARGO SKOKIE IL 60077			
7/1/08	L08000064122			
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:	NRAI SERVICES, INC.			
Registered Office Address:	2731 EXECUTIVE PARK DR., SUITE 4 WESTON FL 33331 US			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : NEW Registered Agent: <u>Corporation Service Company</u>				
NEW Registered Agent:	<u> </u>			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Tallahassee ,FL 32301			
If the limited liability company is not organized under the lithat after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the can hereby confirmed that the change(s) was/were authorized be liability company or as otherwise provided in the articles of limited liability company. Bayer Signature of a member or authorized representative of a member)	t address of the registered office and the business are of a Florida limited liability company, it is y an affirmative vote of the members of the limited			
Michelle J. Baver. Authorized Representative (Printed or typed name of signee)	-			
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the production of a comply with and accept the obligations of my position if S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified corporation Service Company (Signature of Registered Agent)	gree to act in this capacity. I further agree to sper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, hange in the registered office address, I hereby in writing of this change.			
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314				

FILING FEE: \$25.00

INHS18 (05/08)