ARLINGTON PROPERTIES & INVESTMENTS. L.C. 01 SEP 20 PM 12: 17 SEDRETARY OF STATE Principal Place of Business Ses SOUTH FLAGER. E11 WEST PALM BEACH FL. 39401 22. Principal Place of Business Suite. Apt. #. otc. City & State A. FEI Number 65-0882002 Applied For Fee Required Fee Require	1. Entity Name	ENT # L9800	00003115		ļ	FILED			
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City & State City & State City & State Country S. Certificate of Status Desired S. O. Additional Free Required Name HOLDER, DOUGLAS A JR. Say SOUTH FLAGLER, APT. E-11 WEST PALL BEACH FL 33401 City FL Zip Code 8. The above native substite this signtement toyth purpose of changing its feg stered office or registered agent, or both, in the State of Florida. SIGNATURE Signature Street Address of Steve Registered Agent and street substitutions of the State of Florida. FLE NOW!! FEE IS \$50.00 Make Check Payable to Department of State Due by September 26, 2001 9. MANAGING MEMBERS/MANAGERS ITILE MORIN HOLDER, DOUGLAS A JR. SIGNATURE SIGNATURE MORIN HOLDER, DOUGLAS A JR. SIGNATURE OF STEVE ADDRESS CITY-ST-2P WEST PALM BEACH FL 33401 Deide TILE MAKE SIGNATURE SIGNATU	2. Principal Place	of Business	3. Mailing Address	· · · · ·					
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SZO SOUTH FLAGLER, APT. E-11 WEST PALL BEACH FL 33401 City FL Zip Code 8. The above named entity submits this statement control purpose of changing its fegitered office or registered agent, or both, in the State of Florida. SIGNATURE SUPPARA, Tipod of professional agent and soft applicable. ACTY Registered agent, or both, in the State of Florida. SIGNATURE SUPPARA, Tipod of professional agent and soft applicable. ACTY Registered agent, or both, in the State of Florida. SIGNATURE SUPPARA, Tipod of professional agent and soft applicable. ACTY Registered agent, or both, in the State of Florida. SIGNATURE SUPPARA, Tipod of professional agent and soft applicable. ACTY Registered agent, or both, in the State of Florida. SIGNATURE SUPPARA, Tipod of professional agent and soft applicable. ACTY Registered agent, or both, in the State of Florida. SIGNATURE SUPPARA, Tipod of professional agent and soft applicable. ACTY STATE IN TIPOD OF A STATE OF A S	6	Name and Address of Cur	rrent Registered Agent	Name		_7Name and Address of New l	Registered Agen	1t	
E. The above named entity sub-lits this statement touth purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature Signat	529 SC	OUTH FLAGLER, APT. E-1	11	Street Ac	dress (P	P.O. Box Number is Not Acceptable	e)		
B. The above named entity subhits this statement toyth purpose of changing its egistered office or registered agent, or both, in the State of Florida. SignATURE Signature, 1964 Froberhams of registered agent and soft-displaceure. NOTT/flegistered Agent agroups required when reinstalling) OFFE	WEST	PALM-BEACH FL 33401		City	_		Pr I	Zin Code	
SIGNATURE Signature, Type of funder harms of registered agent and ribbre topicable. ANOTIFIES S\$0.00 Make Check Payable to Department of State Due By September 26, 2001 MANAGING MEMBERS / MANAGERS TITLE MORM HOLDER, DOUGLAS A JR. STREET ADDRESS STREET ADDRESS OUTV-ST-ZIP WEST PALM BEACH FL 33401 TITLE MAME STREET ADDRESS OUTV-ST-ZIP MAME STREET ADDRESS OUTV-ST-ZIP MAME STREET ADDRESS OUTV-ST-	B. The above park	nd entity subplits this statem	ent forth purpose of changing in		enistere	ed agent or both in the State of F	FL		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effectes if made under ooth; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report is required by Chapter 608, Plorida Statutes.	9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	MANAGING ME MGRM HOLDER, DOUGLAS A JR 529 SOUTH FLAGLER, AP	EMBERS/MANAGERS Delete R. PT. E-11 13401 Delete Delete Delete Delete	NOW!!! FEE IS \$5 Payable to Depart By September 26, 2 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	0.00 nent of	State ADDITIONS S. N. Federal ke. Park, FL 1000046 -09/27/	#wy. 3340.5 61435 0101088 50.00 **	Change Change Change	Addition Addition Addition