

L-990000001228



FILING TRANSMITTAL FORM

TO:
Division of Corporations
Florida Department of State
409 E. Gaines Street (Zip Code 32399)
P. O. Box 6327
Tallahassee, FL 32314

FR: Gary Sherman
DATE: September 28, 2001

300004638139--9
-10/16/01--01028--007
*****25.00 *****25.00

RE: Bay Club Apartments, LLC
High Point Club Apartments, LLC L99-1228
Broadwater Apartments, LLC
Discovery Realty, LLC

REFERENCE: 00300S

PLEASE FILE THE ATTACHED

Change of Registered Agent

Check for \$25 for each is enclosed.

PLEASE OBTAIN THE FOLLOWING EVIDENCE:

One Filed stamped copy

Please call Gary Sherman at 800-300-5067 if there are any problems with this filing.

Please Return Evidence By Regular Mail to:
Gary Sherman
CONTINENTAL CORPORATE SERVICES, INC.
189 FRANKLIN AVENUE, SUITE 1
NUTLEY, NJ 07110
PHONE: 800-300-5067
FAX: 973-542-0313

Thank you.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 16 AM 10:42

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10/19

**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 limited liability company is: High Point Club Apartments, LLC

2. The mailing address of the limited liability company is : _____

1251 Avenue of the Americas, 36th Floor, New York, NY 10020

March 4, 1999

L99000001228

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CT Coporation System

Name

1200 South Pine Island Road

Address

Plantation, Florida 33324

City, State and Zip

6. The name and address of the new registered agent and/or office:

NRAI Services, Inc.

Name

526 E. Park Avenue

Florida street address (P.O. Box NOT acceptable)

Tallahassee

FL 32301

City, State and Zip

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Ellyn Baron

(Signature of member or authorized representative of a member)

Ellyn Baron, Authorized Person

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

Gina Sherman, ASST. Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314