Golan H. Ritter (1913-1979) Solan H. Ritter (1913-1979) Solan H. Ritter (1913-1979) Solan H. Ritter (1913-1979)

John H. Ritter (1913-1979 John A. Ritter* Louis D. Zaretsky Mark J. Lynn *Also Admitted to Ohto Bar 555 NE 15th Street Suite 100 Micani, FL 33132 (305) 372-0933 FAX: (305) 372-0836

September 23, 1999

John M. Lupypciw, Manager Continental Group Properties, L.L.C. 13610 North Scottsdale Road Suite 10-454 Scottsdale, AZ 85254-4063

RE: Change of Registered Agent

Dear Mr. Lupypciw:

Please find enclosed Statement of Change of Registered Agent for your signature. Please sign the same and send it to the Division of Corporations in the enclosed self-addressed stamped envelope.

If you have any questions, please contact me.

Very truly yours, -10/25/99--01090--002 ******35.00 ******35.00

Mark J. Lynn, Esq.

MJL/rn

enclosure

L99-2663

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Document

Updater

Verifyer /

W. P. Verliyer

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 limit	ed liability compan	y is: CONTI	NENTAL GROUP PRO	PERTIES, L.	.L.C
2. The mailing address of	of the limited liabili	ty company is:	7655 East Wing S	hadow	
			Scottsdale, AZ 8	5255	
5/11/99 3. Date of filing/registra	tion in Florida		1.99000002663 4. Document num	nber	 .
5. The name of the regist Florida Department of	tered agent and the State:	registered office	address as shown o	n the records	of the
	Robert M. Wol	f. P.A.		'- nd	
		Name		, <u>, , , , , , , , , , , , , , , , , , </u>	2
	33 S.E. 4th S	treet, Suite Address	201		FILE IICT 22
	Boca Raton, FI. 33432 City, State and Zip				
6. The name and address	of the new register	ed agent and/or	office:		를 ED 양
	Ritter, Ritte	r & Zaretsky,	L.L.P.		9
		Name		•	· •
	555 N.E. 15th	Street, Suit	e 100		
	Florida street ad	dress (P.O. Box	NOT acceptable)		
	Miami,	FL 3	3132		
	C	ity, State and Zi	p		
If the limited liability of confirmed that after the and the business office liability company, it is hof a majority of the men organization or the regul	change or changes of the registered a nereby confirmed the limited lations of the limited lations of the limited lations.	gent made, the I gent will be ide the change(s) liability compared liability compared 99	Florida street addresentical. Or, in the continuous was/were authorized by or as otherwise to	ss of the regicase of a Flo ed by an affi	istered office orida limited irmative vote
(Signature of a member or auth John M. Lupypciw	orized representative of a	member)			
(Printed or typed name of signe		· 	· <u>-</u> .		
I hereby accept the apportunity with the provision and I am familiar with document is being filed the limited liability composition (Signature of Registered Agent	Marie T 1 soun	red agent and age elative to the problem of the problem of the problem of the relations of the problem of the p	gree to act in this ca oper and complete to y position as regis gistered office addre this change. LHEAL Zant	pacity. I fur performance tered agent. ess, I hereby	ther agree to of my duties, Or, if this confirm that
Divisi	ion of Corporation	s, P.O. Box 632	7, Tallahassee, FL	32314	
TNIHS18/9/97\	F	ILING FEE: \$3	35.00		

INHS18(9/97)