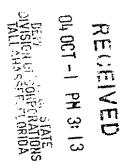
## -M0000001778

(Requ	estor's Name)	_		
(Addre	ess)			
(Addre	ess)	_		
(City/S	State/Zip/Phone #)	_		
PICK-UP	WAIT MAIL			
(Busin	ness Entity Name)	_		
(Document Number)				
Certified Copies	Certificates of Status	<b>_</b> .		
Special Instructions to Fili	ing Officer:	7		
		-		



300041002413





Office Use Only



ACCOUNT NO. : 072100000032

REFERENCE :

900444

5168766

AUTHORIZATION

COST LIMIT

ORDER DATE: September 24, 2004

ORDER TIME : 1:25 PM

ORDER NO. : 900444-105

CUSTOMER NO: 5168766

CUSTOMER: Ms. Lisa Schwartz.

Greystone & Co., Inc.

60th Floor

152 West 57th Street New York, NY 10019

CHANGE OF AGENT

NAME: 2201 NE 170TH ST., L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

## 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 liabi	lity company is: 2201 NE 13	70th St., L.L.C.	·		
2. The mailing address of the lin	mited liability company is: <u>c</u>	/o Greystone & Co	., Inc.		
152 West 57th Street, 60th	h Floor, New York, NY 100	19			
09/01/00		M0000001778			
		4. Document num	nber		
5. The name of the registered approved a Florida Department of State:		address as shown o	on the records of the		
	CT Corporation Syst	iem	DA P		
	Name				
1200 South Pine Island Road					
Address					
Plantation, FL 33324					
	City, State and Zi	p	근		
6. The name and address of the	new registered agent and/or	office:	TIL TO		
-	Corporation Service (	Company	Ď.		
	Name				
	1201 Hays Stre				
	ida street address (P.O. Box I	- 1			
<u>Ta</u>	allahassee FL	32301	، حجي		
	City, State and Zi	p			
If the limited liability company confirmed that after the change and the business office of the reliability company, it is hereby of the members of the limited liab the operating agreement of the (Signature of a member or auth	M		florida, it is hereby of the registered office of a Florida limited d by an affirmative vote of ticles of organization or		
` 5	-	,			
<u>David Witt, Authorized Person</u> (Printed or typed name of signe		<u> </u>	-		
I hereby accept the appointmen comply with the provisions of a and I am familiar with and acce Chapter 608, F.S. Or, if this do address, I hereby confirm that i	t as registered agent and agr Il statutes relative to the prop ept the obligations of my post cument is being filed to mere	per and complete pe ition as registered a lv reflect a change	erformance of my duties, agent as provided for in in the registered office		
acqueline M	1. Cull	·-			
(Signature of Registered Agent	)				
U Division of C	Corporations, P.O. Box 632	7, Tallahassee, FL	32314		

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

INHS18(10/99)

**FILING FEE: \$25.00**