## mol000000199

| CT CORPORATION                          |
|---|
| (Requestor's Name)                      |
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| 3/13 Mg Change                          |
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## **CT** CORPORATION SYSTEM

March 13, 2003

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399

Re: Order #: 5807162 SO

Customer Reference 1: Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Lightspeed at Beacon Tradeport (Development) LLC (DE) Change of Agent Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Katrina Forsman
Fulfillment Specialist
Katrina\_Forsman@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

## 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 comp  | any is: LightSpeed at Be  | acon Tradeport (Development) LLC   | <u> </u>  |
|--|---|---|--|---|
| 2. The mailing addr  | ess of the limited liab   | ility company is: 300   | Hollywood Way, Hollywood, Flori  | da 33021  |
| 2. 1110 11111111111111111111111111111111   | <b>****</b>   | , voz.p,  |  |   |
| <del></del>  |   | · <u>·</u>  | 000100000000000000000000000000000000000  | )   |
| January 25, 2001   |   | <u> </u>  | 1110100000012  | <u> </u>  |
| 3. Date of filing/reg  | istration in Florida  | 4.  | Document number  |   |
| 5. The name of the re<br>Florida Department  |   | e registered office add   | ress as shown on the records of  | of the  |
| -  | Theodore Stotzer  |   |  |   |
|  |   | Name  | 3-   | 0   |
|  | 4651 Sheridan   |   |  | . <u>3</u>  |
|  |   | Address   | 2.00<br>2.00   | 55  |
|  | Hollywood, Flori  | da 33021<br>City, State and Zip   | in   | <u>.</u>  |
|  |   | City, State and Zip   | • •<br>• •   | -0  |
| 6. The name and add  | lress of the new regis  | ered agent and/or offic   | e: []  | 03 MAR 13 PH 1: 1:3   |
|  | C T Corporation S   | vstem   | وند<br>د<br>دمار   | هو<br>سيس رياده<br>مسرد وساس                                      |
|  |   | Name  |  | 한다. <b>(2)</b><br>건   |
|  | 1200 South Pine Is  |   |  |   |
|  | Florida street  | address (P.O. Box NO  | Γacceptable)   |   |
|  | Plantation  | FL 33324  |  |   |
|  |   | City, State and Zip   |  |   |
| confirmed that after<br>and the business offi<br>liability company, it<br>the members of the l<br>the operating agreen | the change or change  | s are made, the Florida gent will be identical. hat the change(s) was/any or as otherwise problems, company.            | f the State of Florida, it is her<br>street address of the registere<br>Or, in the case of a Florida lin<br>were authorized by an affirma<br>vided in the articles of organi | d office  |
| (Printed or typed name of  | <b>~</b> /  | 7   |  |   |
| I hereby accept the comply with the provand I am familiar with Chapter 608, F.S. Caddress, I hereby co                 | visions of all statutes<br>th and accept the obl<br>dr, if this document is<br>nfirm that the limited | ered agent and agree to relative to the proper a ligations of my position being filed to merely reliability company has | o act in this capacity. I furthe<br>and complete performance of<br>as registered agent as provide<br>eflect a change in the register<br>been notified in writing of thi      | er agree to<br>my duties,<br>led for in<br>ed office<br>s change. |
| (Signature of Registered   |   |   | Michael E. Jones Assistant Secretary   |   |
|  |   |   | allahassee, FL 32314   |   |
|  | , , , , , , , , , , , , , , , , , , ,   | FILING FEE: \$25.00   | •  |   |
| INHS18(10/99)  | ·/  | T TTTT ( TO   |  |   |