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SECRETARY OF STATE  
TALLASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

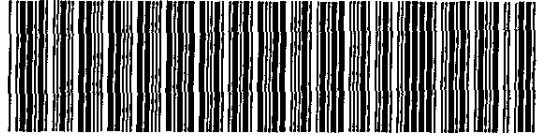
(Document Number)

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02/23/05--01024--022 \*\*245.00

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*Bay State Corporate Services, Inc.*  
*Six Beacon Street, Ste. 425*  
*Boston, MA 02108*

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(617) 742-8484 Fax: (617) 742-8482  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

February 18, 2005

Enclosed you will find (7) Corporate Change of Agent filing(s) for FL-SOS

Subject name(s):  
1.) DA SAND LAKE LLC  
2.) DA PARK CENTER LLC  
3.) DA COLONIAL LLC  
4.) DA UNIVERSITY CORPORATE LLC  
5.) DA COMMERCE CENTER LLC  
6.) DA WOODCREST LLC  
7.) DA METRIC LLC

Please file the attached Corporate filing(s) upon receipt. A check in the amount of \$245.00 is enclosed.

If there are any problems, please hold the filing and call our office immediately. Feel free to call collect at 617-742-8484.

Upon completion, please return the evidence to our office by:

REGULAR MAIL, a self-addressed, stamped envelope is enclosed

Thank you in advance for your assistance.

Sincerely,

Colleen Barrett

**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.*

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1. The name of the limited liability company is: DA SAND LAKE LLC

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

1600 ST. GEORGES AVE., P.O. BOX 1234, RAHWAY, NJ 07065

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TALLAHASSEE, FLORIDA

5/1/2001

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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:

C T CORPORATION SYSTEM

Name

1200 SOUTH PINE ISLAND ROAD

Address

PLANTATION, FL 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

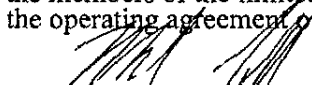
Florida street address (P.O. Box NOT acceptable)

Tallahassee

FL 32301

City, State and Zip

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.

  
(Signature of a member or authorized representative of a member)

MICHAEL JAFFE

(Printed or typed name of signer)

*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.*

NRAI Services, Inc.

  
(Signature of Registered Agent)

SUZANNE CRYAN, ASST. SECRETARY

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