Fn0/000009780

(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:		
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Office Use Only

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FILED

Bay State Corporate Services, Inc. Six Beacon Street, Ste. 425 Boston, MA 02108 (617) 742-8484 Fax: (617) 742-8482

SECRETARY OF STALLAHASSEE, FLU

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.

1. The name of the limited liability company is: $\underline{\underline{D}}$	DA UNIVERSITY CORPORATE LLC 2005 FEB 23 P	_j: 28
	pany is: YEORETARY OF TALLAR NOSFE, F	
1600 ST. GEORGES AVE., P.O. BOX 1234, RAHWAY		JUKIUA
E1410004	\$40400000076	_ '
5/1/2001 3. Date of filing/registration in Florida	4. Document number	_
5. The name of the registered agent and the register Florida Department of State:		
C T CORPORATION SYS	STEM	
<u> </u>	Name	
1200 SOUTH PINE ISLAN	- 	
	ddress	
PLANTATION, FL 33324 City. St	tate and Zip	
6. The name and address of the new registered ager	•	
•		
NRAI Services, Inc.		
Na 526 E. Park Avenue	ame	
Florida street address (P.O. Box NOT acceptable)	
Tallahassee	- 22304	
· · · · · · · · · · · · · · · · · · ·	FL 32301 te and Zip	
•	•	
and the business office of the registered agent will liability company, it is hereby confirmed that the cl	le, the Florida street address of the registered office be identical. Or, in the case of a Florida limited hange(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization or npany.	of
MICHAEL JAFFE	 _	
(Printed or typed name of signee)		
WAN Services, III WAND	nt and agree to act in this capacity. I further agree to the proper and complete performance of my duties, of my position as registered agent as provided for in ed to merely reflect a change in the registered office company has been notified in writing of this change.	9
(Signature of Registered Agent) SUZANNE CRYAN, ASST, SECRETARY Division of Corporations, P.O.	. Box 6327, Tallahassee, FL 32314	
INHS(8(10/99) FILING	FEE: \$25.00	

INHS18(10/99)