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Division of Corporations

**M01 00000 1126**

Florida Department of State  
Division of Corporations  
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Fax Number : (850) 205-0380

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
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**REGISTERED AGENT CHANGE**

**LIGHTSPEED AT BEACON TRADEPORT (PARCEL 23) LLC**

RECEIVED  
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DIVISION OF CORPORATIONS

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**M01-1126**  
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**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: LightSpeed at Beacon Tradeport (Parcel 23) LLC
2. The mailing address of the limited liability company is : \_\_\_\_\_  
4651 SHERIDAN STREET STE. 200, HOLLYWOOD FL 33021

05/18/2001

M01000001126

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:

STOTZER, THEODORE R

Name

4651 SHERIDAN STREET, SUITE 200

Address

HOLLYWOOD FL 33021

City, State and Zip

6. The name and address of the new registered agent and/or office:

CT Corporation System

Name

1200 South Pine Island Road

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

PlantationFL 33324

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.

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

BETTY KIRBY  
 (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.*

CT Corporation System

Michael E. Jones

(Signature of Registered Agent)

Assistant Secretary

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

JNK518(10/99)

FILING FEE: \$25.00