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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

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COVER LETTER

_	stration Section ion of Corporations		
SUBJECT:	Allied Capital a (Name of Foreign Limi	ted Liability Company)	nt, LLC
Dear Sir or N	⁄ladam:		
	Affidavit by Foreign Limited Lia ember(s) and fee(s) are submitted		nager(s) or
Please return	all correspondence concerning thi	s matter to the following:	
Nichol	(Name of Person)	<u>.</u>	SECRET
Allied	Capital and Dec (Firm/Company)	elopment of s	South my
3300 P	GA Blod. Scrite	_330_	ORIDA
Palm	Boxch Covdens (City/State and Zip Code)	, FL 3346	
For further in	nformation concerning this matter,	please call:	
Sandy	Allowers at (56, Name of Person) (Are	799-0050 a Code and Daytime Telephone	e Number)
Regis Divis Clifto 2661	etration Section ion of Corporations on Building Executive Center Circle hassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 323	14
Enclosed is a		: \$55.00 Filing Fee & \$60 Filing rtified Copy Certificate o Certified Co	f Status &
CR2E123(8/07))		

AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

1. The name of the limited liability compare Department of State is: A Nicol Copid	ay as it appears on the records of the Florida			
2. This entity was formed under the laws of: Rhode Ishand.				
3. This entity was authorized to transact business in Florida on 1017/2002 and its Florida document/registration number is M0200002749				
4. The name and address of each manager of	or managing member is as follows:			
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address: Capital 300, UC			
MG-R	Capital 300, LC 3300 PL-A Blady, swite 375 3500			
MGR	Palm Beach Gardens, FL 33410			
Required Signature: (Signature of Manager,	Managing Member or Member)			

Filing Fee: \$25