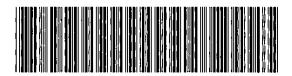
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B. KOHR

AUG - 5 2008

EXAMINER

' '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 limite	ed liability company is:	ACP FLORIDA	INVESTMENT FU	JND I LLC	
2. The mailing address of	f the limited liability co	mpany is : 444	BRICKELL AVE.		
SUITE 900, MIAMI FL 33131					
5011 5 700, 1411 1411 1 E 35151				<u> </u>	
05/05/2003 M03000001421					
3. Date of filing/registration in Florida		4.	4. Document number		
5. The name of the register Florida Department of		tered office ad	dress as shown o	on the records of the	
·	LEGAGNEUR, NATHAL	IE		1	
Name					
444 BRICKELL AVENUE SUITE 900					
Address					
MIAMI FL 33131 US					
City, State and Zip					
Address MIAMI FL 33131 US 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)					
C T Corporation System					
Name 1200 South Pine Island Road					
Florida street address (P.O. Box NOT acceptable)					
	Florida street address	(P.O. Box NC	of acceptable)	<u>E</u> m	
	Plantation	FL	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. (Signature of a member or authorized representative of a member)					
Anthony LiCausi, Attorney In (Printed or typed name of signee)					
I hereby accept the apportunity of the comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as registered as is of all statutes relative d accept the obligation this document is being f that the limited liabilit	gent and agree to the proper s of my positio iled to merely y company has	to act in this ca and complete po n as registered a reflect a change s been notified in	pacity. I further agree to erformance of my duties, igent as provided for in in the registered office writing of this change.	
By: WILLIAM CONTINUED	WWW	Ant	hony LiČausi ce President		
(Signature of Registered Agent)					
Univision of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00					

INHS18 (8/05)