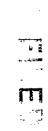
M0300001435

(Requestor's Name)		
(reduction of reality)		
MILESTONE PARTNERS, LLC		
660 TAMIAMI TRAIL NORTH NAPLES, FLORIDA 34102		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Same		
Example TV ()		
Office Use Only		
Update:		
Uniner		
Verifyer ,		
Acknowledgement DC1.		
W. P. Verifyor OCC		



500051803315

04/28/05--01025--008 **25.00



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:	Milestone Partners, LLC
	pany is : 660 Tamiami Trail N. Naples, Florida 34
05/05/03	Mo3oooo1435
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the register Florida Department of State: Joseph Jaffe	ed office address as shown on the records of the
660 Tamiami Trail N	ame
Naples, FL 34102	idress
6. The name and address of the new registered agen	4
James McMahon	
Name 1415 Panther Lane	me
Florida street address (F	P.O. Box NOT acceptable)
Naples _F	_{CL} 34109
City, State	e and Zip
and the business office of the registered agent will be liability company, it is hereby confirmed that the ch	e, the Florida street address of the registered office is be identical. Or, in the case of a Florida limited ange(s) was/were authorized by an affirmative vote of otherwise provided in the articles of organization or
I hereby accept the appointment as registered agen comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being file address, I hereby confirm that the highled liability of (Signature of Registered Agent)	t and agree to act in this capacity. I further agree to the proper and complete performance of my duties, fmy position as registered agent as provided for in d to merely reflect a change in the registered office ompany has been notified in writing of this change.

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

INHS18(10/99)

FILING FEE: \$25.00