

**FILED**  
**Apr 04, 2008 08:00 AM**  
**Secretary of State**

1. Entity Name  
**CONFEDERATE POINT APARTMENTS LLC**



Principal Place of Business  
12100 WILSHIRE BLVD., SUITE 250  
LOS ANGELES, CA 90025

Mailing Address  
12100 WILSHIRE BLVD., SUITE 250  
LOS ANGELES, CA 90025

**DO NOT WRITE IN THIS SPACE**



CR2E083 (12/07)

4. FEI Number  
55-0846268

|                |
|----------------|
| Applied For    |
| Not Applicable |

### 5. Certificate of Status Desired

7

**\$5.00** Additional  
Fee Required

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000001231485  
04/16/08-30002-020 138.75

|    |                           |
|----|---------------------------|
| 9. | MANAGING MEMBERS/MANAGERS |
|----|---------------------------|

|                |                                  |
|----------------|----------------------------------|
| TITLE          | MGR                              |
| NAME           | NATIONAL COMMERCIAL VENTURES LLC |
| STREET ADDRESS | 12100 WILSHIRE BLVD., SUITE 250  |
| CITY-ST-ZIP    | LOS ANGELES, CA 90025            |

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE**

Richard Nathan, Pres.

4/2/08

Date \_\_\_\_\_

310-826-7301

Daytime Phone # \_\_\_\_\_