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2005 HAY 23 P 12: 53 SECRETARY OF STATE (Requestor's Name (Address) 700052917637 (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) 05/04/05--01013--014 **35.00 Certified Copies __ Certificates of Status _ Special Instructions to Filing Officer:

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SECRETARY OF STATE TALLAHASSEE. FLORIDA

May 11, 2005

ALLISON R. DAY, ESQ. 100 SOUTHEAST SECOND STREET 36TH FLOOR MIAMI, FL 33131

SUBJECT: RE PALM BEACH PARTNERS, LLC

Ref. Number: M03000003873

We have received your document for RE PALM BEACH PARTNERS, LLC. However, the document has not been filed and is being returned for the following:

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 405A00033782

COVER LETTER

FILED

Division of Corporations

2005 MAY 23 P 12: 53

SUBJECT: RE Palm Beach Partners, L. L. C.

(Name of corporation)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT NUMBER: M03000003873

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Allison R. Day, Esq.
(Name of contact person)

Genovese Joblove & Battista, P. A.

(Firm/Company)

100 Southeast Second Street, 36th Floor
(Address)

Miami, Florida 33131
(City/state and zip code)

For further information concerning this matter, please call:

Allison R. Day, Esq. at (305) 349-2300

(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

TO:

Amendment Section

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	d liability company is:	RE Palm Beach Partners, L.L.C.
		mpany is: 647 East Dania Beach Boulevard
Dania, FL 33304		PLES # 1
November 14, 2003		мозооооозв73
3. Date of filing/registration in Florida		4. Document number Rog
5. The name of the register Florida Department of S		ered office address as shown on the records of the
	100 Southeast Seco	Name and Street, 36th Floor
	Miami, Florida 3313	Address 1 State and Zip
6. The name and address o	f the new registered ago	ent and/or office:
	Allison R. Day, Esq.	
	100 Southeast Seco	ame nd Street, 36th Floor
-	Florida street address	(P.O. Box NOT acceptable)
	Miami	FL 33131
•	City, St	ate and Zip
confirmed that after the chand the business office of t	ange or changes are ma the registered agent will by confirmed that the cliability company or as	nder the laws of the State of Florida, it is hereby de, the Florida street address of the registered office le identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote of sotherwise provided in the articles of organization or mpany.
(Signature of a member or authorize	red representative of a member	
(Printed or typed name of signee)		
I hereby accept the appoir comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm i	ntment as registered ago of all statules relative accept the obligations is document is being fi that the limited liability	ent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, of my position as registered agent as provided for in led to merely reflect a change in the registered office company has been notified in writing of this change.
(Signature of Registered Agent)		

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

INHS18(10/99) FILING FEE: \$25.00