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D. BRUCE
JUN 0-2-2009
EXAMINER



200 West A dams Street, Suite 2007 Chicago, IL 60606 (312) 346-3606 (800) 934-2556 Fax: (312) 346-3607

May 27, 2009

VIA REGULAR MAIL

Division Of Corporations Florida Department Of State P.O. Box 6327 Tallahassee, FL 32314

RE: LLM Florida Enterprises, LLC

Dear Sir or Madam:

Enclosed please find one original and one photocopy of the forms to change the registered agent/office for the above captioned in your state. Also, enclosed is a check for the required fee.

Please file with your office and return evidence to my attention at the letterhead address.

If you have any questions, please contact me on our toll-free line at 800-934-2556, prior to returning the documents.

Thank you.

Sincerely,

Norine Nagel

NN/smc. Encl.

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. Name of the limited liability company: LLM Florida	Enterprises LLC	3
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 468 Signature Drive Xenia , OH 45385	2
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Y 1 OLI 45005	E
3/26/2004	M04000001278	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:	
Registered Agent:	CT Corporation System	
Registered Office Address:	1200 Pine Street Plantation, FL 33324	7
(b) Enter name of NEW Registered Agent and/or NE	W Registered Office address:	
<u>NEW</u> Registered Agent:	NRAI Services, Inc.	J
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2731 Executive Park Drive Suite 4 Weston FL 33331	
If the limited liability company is not organized under the that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the chereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles of limited liability company. (Signature of a member or authorized representative of a member)	et address of the registered office and the business	
Linda L. McLarty, Member (Printed or typed name of signee) I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the provisions.	— agree to act in this capacity. I further agree to oper and complete performance of my duties, and I	,
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pram familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified to the limited liability company has been notified to the limited of Registered Agent)! Norine Nagel-Assistant Secretary	n as registered agent as provided for in Chapter 608, change in the registered office address, I hereby d in writing of this change.	,

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00