## M0400002043

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ACCOUNT NO. : 072100000032

REFERENCE : 935025

7382392

AUTHORIZATION

COST LIMIT

pullelenan \$ 25.00

ORDER DATE: June 6, 2007

ORDER TIME : 10:11 AM

ORDER NO. : 935025-025

CUSTOMER NO: 7382392

## CHANGE OF AGENT

NAME:

BROADWAY BOCA EXECUTIVE

CENTER, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS:

SECRETARS SEE FLORIDA

## 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	d liability company	is: <u>BROADW</u>	AY BOCA	EXECUTIV	E CENTER, LLC
2. The mailing address of	f the limited liabilit	y company is : _			
1 Penn Plaza, Suite 3915	, New York, NY 10	119			
05/26/2004			M0400000		
3. Date of filing/registrat		4. Docume	ent number		
5. The name of the register Florida Department of		egistered office a	address as si	hown on the	records of the
	Mich	ael B. Denberg,	Esq.		
		Name			
	201 All	nambra Circle, S	t.e 601		
		Address			
Coral Gables, FL 33134					
	C	ity, State and Zip	p		AF OT
6. The name and address	of the new registere	d agent and/or o	ffice:	٠.	强
	Corpora	tion Service Cor	mpany	·; ·	SAN
		Name			第03
	12	201 Hays Street		;: <u>.</u>	
	Florida street add	ress (P.O.' Box N	NOT accept	able)	SEE, FLORIE
	Tallahassee	FL	32301		
	Cit	y, State and Zip			
If the limited liability con confirmed that after the cland the business office of liability company, it is he of the members of the lin or the operating agreement.  Maura a	hange or changes are the registered agen reby confirmed that nited liability compart of the limited liab	re made, the Flor t will be identica the change(s) wany or as otherwill wility company.	rida street ac al. Or, in the as/were aut	ldress of the e case of a F horized by a	registered office lorida limited in affirmative vote
(Signature of a member or author	ized representative of a m	ember)			
Maureen Cullen, Attorne (Printed or typed name of signee)					
I hereby accept the apportunity with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as registere is of all statutes reld d accept the obliga this document is bei that the limited lia	ed agent and agreative to the propertions of my positing filed to merel bility company h	ee to act in er and comp ion as regis ly reflect a c as been not	this capacity plete perforn tered agent i hange in the ified in writi	y. I further agree to nance of my duties, as provided for in registered office ng of this change.
(Signature of Registered Agent) Elizabeth A. Dawson, Asst. V Division	ice President on of Corporations	, P.O. Box 6327	, Tallahass	ee, FL 3231	14

**FILING FEE: \$25.00** 

INHS18 (8/05)