

MO4000002425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

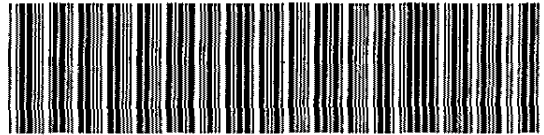
(Document Number)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN NOV 22 2004

# FILE REQUEST

November 3, 2004



Division of Corporations  
Florida Department of State  
409 E. Gaines Street  
Tallahassee, FL 32399  
(850) 245-6051

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Type of Filing:	Change of Agent
Subject:	CROSS CREEK APARTMENTS II, LLC
Form(s) Enclosed:	Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company

Supporting Document(s):

Check(s) Enclosed:	Check #
Return Via:	Fax & US Mail.
Filing Method:	Routine

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Thank you!!!!

**Please return to:**

**Carol Shelton**  
**Unisearch, Inc.**  
**1780 Barnes Blvd SW**  
**Tumwater, WA 98512-0410**  
**800-722-0708**  
**Fax: 800-531-1717**

**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: CROSS CREEK APARTMENTS II, LLC
2. The mailing address of the limited liability company is : \_\_\_\_\_  
12100 Wilshire Blvd., Ste. 250, Los Angeles, CA 90025

06/21/04

M04000002425

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Paracorp Incorporated

Name

236 East 6th Avenue

Address

Tallahassee, FL 32303

City, State and Zip

6. The name and address of the new registered agent and/or office:

NRAI Services, Inc.

Name

526 E. Park Avenue

Florida street address (P.O. Box NOT acceptable)

Tallahassee

FL 32301

City, State and Zip

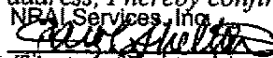
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
(Signature of a member or authorized representative of a member)

Richard Nathan

(Printed or typed name of signee)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

 Carol Shelton - Asst. Secretary

(Signature of Registered Agent)

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

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