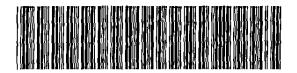
M0400002427

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
,					
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1. BRYAN JUL 1 4 2005

FILE REQUEST

July 8, 2005

Attn: Division of Corporations Florida Department of State

409 E. Gaines Street Tallahassee, FL 32314

(850) 245-6051



Type of Filing:

Change of Registered Agent

Subject:

AUBURN GLEN I, 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 # 105583 - 32500

Return Via:

Fax & US Mail.

Filing Method:

AS SOON AS POSSIBLE PLEASE

As always, 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 provis liability company subn agent, or both, in the Si	iits the following states	16 or 608.508 ment in order i	, Florida Statutes, to change its regist	the undersigned limited ered office or registered	
The name of the limited liability company is: Auburn Glen I, LLC					
2. The mailing address					
12100 Wilshire Bl	vd. Suite 250, Los An	ngeles, CA 90	0025		
06/21/2004		M04000002427			
3. Date of filing/regist	ration in Florida	n in Florida 4. Document number			
5. The name of the reginal Florida Department	stered agent and the reg of State:	gistered office a	address as shown on		
PARACORP INCORPORATED					
Name					
236 EAST 6TH AVENUE					
Address TALLAHASSEE FL 32303					
City, State and Zip					
6. The name and addre	ss of the new registered	l agent and/or o	office:	PILEU 3:53	
	NRA	l Services, Inc).	第三 5	
Name 2731 Executive Park Drive, Suite 4					
	Florida street addr	ess (P.O. Box I	NOT acceptable)		
	Westin	, _{FL} 3333	n1		
	City	, State and Zip			
liability company, it is the members of the lim	e change or changes are of the registered agent	made, the Flor will be identica the change(s) wo or as otherwise	rida street address of al. Or, in the case o	f the registered office	
(Signature of a member or aut	horized representative of a mer	mber)			
Elmira Sipen, autho					
(Printed or typed name of sign					
I hereby accept the ap comply with the provis and I am familiar with Chapter 808, F.S. Or, address, I hereby confi	pointment as registerea ions of all statules relat and accept the obligati if this document is bein rm that the limited liab	l agent and agr tive to the prop lons of my posit ig filed to mere ility company h	ee to act in this cap er and complete per tion as registered as ly reflect a change t ins been notified in	acity. I further agree to rformance of my duties, gent as provided for in the registered office writing of this change.	
(Signature of Registered Age	Carol Shelton	<u> - A</u> sst. S	ecretary		
	isian of Cornerations	DA Day 6222	Tollohorena El	37314	

FILING FEE: \$25.00

INHS18(10/99)