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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 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 # 105584-62500

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 provision liability company submit agent, or both, in the State	ns of sections 608.4 s the following stater e of Florida.	16 or 608. ment in ord	508, Florida Statute er to change its regi	s, the undersigned limited istered office or registered	
1. The name of the limits	ed liability company i	s: Auburr	Glen II, LLC		
2. The mailing address o				·	
12100 Wilshire Blvd	l. Suite 250, Los Ar	ngeles, CA	90025		
06/21/2004	M0400002428				
3. Date of filing/registrat	tion in Florida 4. Document number				
5. The name of the register Florida Department of	ered agent and the reg State:	gistered offi	ce address as shown	on the records of the	
•	PARACOR	RP INCORF	PORATED	e ar my	
	Name				
236 EAST 6TH AVENUE					
Address Tall Al(ADSES 5) 20202					
TALLAHASSEE FL 32303 City, State and Zip				· 5 - 1	
6. The name and address		• •	•	2005 JUL 11 PM 3: 53	
	NRA	l Services,	Inc.	3: 5	
	2731 Executiv	Name ve Park Dri	ve, Suite 4	RIDA RIDA	
	Florida street addre	ess (P.O. Bo	x NOT acceptable)		
	Westin	. FL 33	3331		
	City	, State and 2	Zip		
If the limited liability con confirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement.	hange or changes are the registered agent reby confirmed that the d liability company of	made, the F will be iden he change(s or as otherw	florida street address tical. Or, in the case) was/were authorize	of the registered office of a Florida limited d by an affirmative vote of	
101			 ,		
(Signature of a member of author	ized representative of a men	nber)			
Elmira Sipen, authoriz	ed representative				
(Printed or typed name of signee))	····			
	intment as registered as of all statutes relat ad accept the obligation this document is bein a that the limited liab Carol Shelton			apacity. I further agree to erformance of my duties, agent as provided for in e in the registered office n writing of this change.	
(Signature of Registered Agent)			•		

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

INHS18(10/99)