Division of Corporations

Page 1 of 1



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((1108000251571 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: NATIONAL CORPORATE RESEARCH, LTD.

Account Number : 120000000088 Phone

: (212)947-7200

Fax Number

: (212)564-6083

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

LAS OLAS RIVERFRONT HOLDINGS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$55.00

D. BRUCE

NOV 07 2008

Electronic Filing Menu

Corporate Filing Menu

Help

(((H08000251571 3)))

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:LAS OLAS RIVERFRONT HOLDINGS, LLC		
 (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) 	11900 Biscayne Blvd., Suite 809 Miami, FL 33181	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	11900 Biscayne Blvd., Suite 809 Mlami, FL 33181	
July 22, 2005	M05000004090 ⇒ S	
3. Date of filing/registration in Florida 4	L. Document number	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State		
Registered Agent:	Theodore R. Stotzer, Esq.	
Registered Office Address:	321 E. Hillsboro Blvd.	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:		
NEW Registered Agent:	National Corporate Research, Ltd., Inc.	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	515 East Purk Avenue Talinhasseo FL 32301	
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. MANAGING MEMBER: CRE SOLA DEVCO, LLC		
(Signature of a member or authorized representative of a member)	By: CRE Boca Opco, LLC, irs Manager	
(Printed of typed name of signee) I hereby accept the appointment as registered agent and agreemently with the provisions of all statutes relative to the proper am familiar with and accept the obligations of my position as F.S. Or, if this document is being filed to merely reflect a che confirm that the limited liability company has been notified in the limited liability company has been notified in (Signature of Registered Agent)	Name & Title: CHIS SCHIED BOX, DICTOR ee to got in this capacity. I further agree to got in this capacity. I further agree to got me to got in this capacity. I further agree to the complete performance of my duties, and I registered agent as provided for in Chapter 608, ange in the registered office address, I hereby a writing of this change.	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00		

INHS18 (05/08)

(((H08000251571 3)))