Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NRAI CORPORATE SERVICES, INC.-IRVINE

Account Number : I20080000054 Phone

: (949)955-9585

Fax Number

: (800)562-6504

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

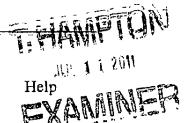
Email Address:

LLC REGISTERED AGENT CHANGE CAP IV RIVER VIEW, LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

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Corporate Filing Menu



COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJECT: CAP IV RIVER VIEW, LLC					
	Name o	f Limited Li	ability Company		
Dear S	Sir or Madam:				
The en	nclosed Registered Agent/Registered	l Office Cha	nge and fee(s) are submitted for filing.		
Please	e return all correspondence concernia	ng this matte	er to the following:		
	NICOLE PARNELL				
	Name of Person				
	NRAI CORPORATE SERVICE Firm/Company	ES, INC.			
	2875 MICHELLE DRIVE, SUI Address	TE 100			
	IRVINE, CA 92606 City/State and Zip Code				
E	macs@nrai.com -mail address: (to be used for future annual repo	rt notification)			
For fu	arther information concerning this m	atter, please	call:		
NIC	OLE PARNELL	at (800			
	Name of Person		Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS:		MAILING ADDRESS:		
	Registration Section		Registration Section		
	Division of Corporations Clifton Building		Division of Corporations P.O. Box 6327		
	2661 Executive Center Circle		Tallahassee, Florida 32314		
	Tallahassee, Florida 32301		201111111111111111111111111111111111111		
	Enclosed is a check for the following amount:				
	\$25 Filing Fee		\$55 Filing Fee & Certified Copy		

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:	CAP IV RIVER VIEW, LLC
2. (a) Principal office address of limited liability con	npany: 275 BATTERY STREET
(Note: MUST BE STREET ADDRESS)	SUITE 500 SAN FRANCISCO, CA 94111
(b) Mailing address of limited liability company:	275 BATTERY STREET
(Note: MAY BE POST OFFICE BOX)	SUITE 500 SAN FRANCISCO, CA 94111
10/11/2005	M0500005716
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office show	n on the records of the Florida Dept. of State:
Registered Agent:	CT CORPORATION SYSTEM
Registered Office Address:	1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent:</u> <u>NEW Registered Office Address:</u>	NRAI SERVICES, INC. 515 EAST PARK AVENUE
(MUST BE FLORIDA STREET ADDRESS)	TALLAHASSEE ,FL32301
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the char of the members of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company or as or the operating agreement of the limited liability company with or the appointment as registered agent comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of address, I hereby confirm that the limited liability confirm that the limited liability confirms that t	r the laws of the State of Florida, it is hereby the Florida street address of the registered office identical. Or, in the case of a Florida limited nge(s) was/were authorized by an affirmative otherwise provided in the articles of organization npany.
Signature of Registered Agent Nicole Choulnard, Assis	stant Secretary