## MU5000005934

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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	INC. 236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666		
WALK IN			
	PICK UP: 86466 (08)		
	CERTIFIED COPY  PHOTOCOPY  mendment  FEE  Total		
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¥	FILING Statement of change =		
<del>-(C</del>	CFN North Palm Moder Sciles, LCC CORPORATE NAME AND DOCUMENT #)		
- <u></u> (C	ORPORATE NAME AND DOCUMENT #)		
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-((	CORPORATE NAME AND DOCUMENT #)		

SPECIAL INSTRUCTIONS:

## 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: EFN NORTH PALM MOTOR SALES, LLC				
2. The mailing address of the limited liability company is : 17W240 22ND STREET, SUITE 312				
OAKBROOK TERRACE, IL 60181				
10/24/2005	M05000005934			
3. Date of filing/registration in Florida	4. Document number			
5. The name of the registered agent and th Florida Department of State:	e registered office address as shown on the records of the			
LAWRENCE '	W. SMITH			
Name				
701 U.S. HIGH	Address BEACH FL 33408 City, State and Zip			
· · · · · · · · · · · · · · · · · · ·	Address			
NORTH PALM	BEACH FL 33408			
	City, State and Zip			
6. The name and address of the new registered agent and/or office:  LES STRACHER, ESQUIRE  Name				
LES STRACHI	ER, ESQUIRE			
<del></del>				
401 EAST LAS	OLAS BOULEVARD, SUITE 1650			
Florida street a	address (P.O. Box NOT acceptable)			
FORT LAUDER	RDALE, FL 33301			
	City, State and Zip			
confirmed that after the change or changes and the business office of the registered ag liability company, it is hereby confirmed t	mized under the laws of the State of Florida, it is hereby are made, the Florida street address of the registered office gent will be identical. Or, in the case of a Florida limited hat the change(s) was/were authorized by an affirmative vote mpany or as otherwise provided in the articles of organization liability company.			

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

EDWARD F. NAPLETON
(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.

(Signature of Registered Agent)

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