

Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850) 222-1092

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REGISTERED AGENT CHANGE

AP ED VENTURES, LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	395.00

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FROM : MAISON-SUR-MER

FAX NO. : 843 449 2488

Jun. 29 2006 03:32PM F2

**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: AP ED VENTURES, LLC.

2. The mailing address of the limited liability company is:

6600 POWDEN ROAD, SUITE 200, MIAMI LAKES, FL 33014

REG 15 2006

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3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

WAYNE DYKE

Name

2333 PENCE DE LEON 550

Address

Coral Gables, FL 33134

City, State and Zip

6. The name and address of the new registered agent and/or office:

CT Corporation System

Name

1200 South Pine Island Road

Florida street address (P.O. Box NOT acceptable)

Plantation

FL 33324

City, State and Zip

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.

Michael E. Pearce
(Signature of a member or authorized representative of a member)

Michael E. Pearce

(Printed or typed name of signer)

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.

CT Corporation System

Barbara A. Burke

(Signature of Registered Agent)

Special Assistant Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

(NHS18(10/99))

FILING FEE: \$25.00

FD-012-112/04 CT System Office

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