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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

1

INHS18(10/99)

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: El-Ad Avalon at Northbrook LLC			
2. The mailing address of the limited liability company is:			
1301 International Parkway, Suite 200, Sunrise, FL 33323			
0.100.100.00		M06000001107	
2/23/2006	tion in Florida	4. Document number	
3. Date of filing/registrat	ion in Fiorida	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:			
	American Information Services, Inc.	<u> </u>	
	Name		
	One S.E. Third Avenue, 28th Floor		
	Address	SET VISE	
Miami, FL 33131 City, State and Zip			
N 4€			
6. The name and address of the new registered agent and/or office:			
•	NRAI Services, Inc.	3 30 m	
	· · · · · · · · · · · · · · · · · · ·	,	
Name 2731 Executive Park Drive, Suite 4			
Florida street address (P.O. Box NOT acceptable)			
r fortida sircer address (r.o. box 140 r acceptable)			
	Weston FL 3333	11	
	City, State and Zi	p	
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.			
(Signature of a member or authorized representative of a member)			
Shaoul Mishal, Authorized Representative			
(Signature of Registered Agent)	ointment as registered agent and agent of all statules relative to the property of all statules relative to the property of my posithis document is being filed to ment that the limited liability company	gree to act in this capacity. I further agree to sper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314			

FILING FEE: \$25.00