M06000001155

(Re	equestor's Name)
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PICK-UP	WAIT	MAIL
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OTTEBZI PM 3: 44

SECRETARY OF STATE DIVISION OF CORPORATIONS

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 limite	d liability company i	is: El-Ad Avalon	at Northbrook Mana	gement LLC		٠.
2. The mailing address of	f the limited liability	company is: _				٠.
1301 International Parkway	, Suite 200, Sunrise, F	L 33323				
2/00/0000		· · · · · · · · · · · · · · · · · · ·	N00000001455		· · ·	•
2/23/2006		, , , , . .	M0600001155			
Date of filing/registrat	ion in Florida		4. Document num	ber		
5. The name of the registe Florida Department of		gistered office a	ddress as shown o	1 the record	ls of the	
-	American Information	n Services, Inc.				
		Name				-
	One S.E. Third Aven	ue, 28th Floor				
Address			,	•		
	Miami, FL 33131				9	
City, State and Zip		. t, <u>15.</u> .	7 F			
6. The name and address	of the new registered	i agent and/or o	ffice:		FEB 2	
	NRAI Services, Inc.				_ 335E	
	·	Name	====		공 광유미	
	2731 Executive Park				ယ္ပဲ့ နွာန္တ	
	Florida street addr		OT acceptable)	9 B	RATIONS 3: 44	
	Weston	FL 33331				
	City	, State and Zip	·	·, · ·	,	
If the limited liability conconfirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement of	hange or changes are the registered agent reby confirmed that the lability company of the limited liability	e made, the Flor will be identica the change(s) w or as otherwise y company.	ida street address only. Or, in the case of as/were authorized	of the regist of a Florida by an affir	ered office limited mative vote o	f
(Signature of a member or author	ized representative of a me	mber)	, =+	17.		
Shaoul Mishal, Authorized (Printed or typed name of signee		· · · · · · · · · · · · · · · · · · ·	er en	. ng . ,	· · · 4.	.
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm NRAI Services, Inc.		d agent and agri tive to the propi ions of my posit ng filed to merci vility company h	ee to act in this caper and complete pe jon as registered a jy reflect a change as been notified in			•
Laula Lidililioldel, Assistal	nt Secretary on of Corporations,	P.O. Box 6327	, Tallahassee, FL	32314		

FILING FEE: \$25.00

INHS18(10/99)