M0600003050

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SECRETARY OF STATEME DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Madison International Ventu (Name of L	ture Partners LLC Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered O	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	; this matter to the following:	
Glenn R. Caddy		
(Name of Person)		므
Madison International Venture Partner (Firm/Company)	ors LLC NG	SECRETATIONS DIVISION OF CORPORATIONS
3101 North Federal Highway, Suite 301	1	CORPOR
(Address)	្តិ (2: 56 2: 56
Fort Lauderdale, Florida 33306		
(City/State and Zip Code)		
For further information concerning this matte	ter, please call:	
Glenn R. Caddy	at (954) 568-0015	
(Name of Person)	(Area Code & Daytime Telephone Nu	mber)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the followin	ng amount:	
\$25 Filing Fee Florida Department of State	\$55 Filing Fee & Certified Copy	

INHS18 (8/05)

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	y company is: Madison International Venture Partne	ers LLC .	
2. The mailing address of the limit	ted liability company is : 3101 North Federal Hig	ghway, Suite 301,	
Fort Lauderdale, Florida 33306		·	
05/25/2006	M06000003050		
3. Date of filing/registration in Florida 4. Document number		er	
Florida Department of State:	at and the registered office address as shown on	the records of the	
Glenn I	R. Caddy	and the second s	
2455 E	Name		
2455 East Sunrise Boulevard, Suite # 320 Address			
Fort Lauderdale, Florida 33304		0 Z	
TOTELLE	City, State and Zip	7 A	
5. The name and address of the new registered agent and/or office:		OT AUG 30	
Glenn R	R. Caddy	PM PM	
Name		ORAT	
		· 5	
Florida	street address (P.O. Box NOT acceptable)	66 185	
Fort Lau	iderdaleFL_33306		
	City, State and Zip		
confirmed that after the change or and the business office of the regis liability campany, it is hereby conf of the members of the limited liab or the operating agreement of the limited liab		the registered office a Florida limited by an affirmative vote	
(Signature of a member of authorized represen	ntative of a member)	,	
Glenn R. Cartiy (Printed of typed name of signee)			
I hereby accept the appointment a comply with the provisions of all st and I am familiar with and accept to Chapter 608, F.S. Or, if this dogur address, I hereby confirm that the	s registered agent and agree to act in this capa latules relative to the proper and complete perf the obligations of my position as registered age ment is being filed to merely reflect a change in limited liability company has been notified in w	city. I further agree to ormance of my duties, as provided for in the registered office writing of this change.	
(Signature of Registered Agent) Division of Corp	porations, P.O. Box 6327, Tallahassee, FL 3 FILING FEE: \$25.00	2314	
INHS18 (8/05)			