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Office Use Only



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DIVISION OF 13 PH 12: 42



COVER LETTER

Division of Corporations	
SUBJECT: Terramar Management, LL (Name of Limit	ted Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
John Nelms	
(Name of Person)	
	. O
(Firm/Company)	FILED SECRETARY OF STATE STATE OF CORPOSATIONS 42: 42
	OCT.
8301 West McNab Road	
(Address)	프 경우다
Tamarac, FŁ 33321	4.61
(City/State and Zip Code)	2 *
For further information concerning this matter, p	please call:
John Nelms at	954 979-0042
(Name of Person)	(Area Code & Daytime Telephone Number)
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 following a	mount:
\$25 Filing Fee	

VSTATEMENT 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.

	3		
1. The name of the limite	d liability company is:	Terramar Management, LLC	
2. The mailing address of	f the limited liability co	ompany is :	
8301 West McNab Roa	d, Tamarac, FL 3332	<u>!</u> 1	
00/04/0000		M0600004323	
08/04/2006	<u> </u>		
3. Date of filing/registrat	ion in Florida	4. Document number	
5. The name of the register Florida Department of		stered office address as shown on the	records of the
	Bruce Newman		
		Name	
	8301 West McNat	o Road	
	· · · · · · · · · · · · · · · · · · ·	Address	
	Tamarac, FL 3332	21	2 □
	City,	State and Zip	SEC DIVISI 2006 I
6. The name and address	of the new registered a	gent and/or office:	FILI SECRETARY IVISION OF CO
	John Nelms		
		Name	
	8301 West McNab		2
	Florida street addres	s (P.O. Box NOT acceptable)	ED OF STATE PM 12: 42
	Tamarac,	FL 33321	
	City, S	State and Zip	
confirmed that after the cand the business office of liability company, it is he of the members of the lin or the operating agreeme (Signature of a member or author)	hange or changes are not the registered agent wereby confirmed that the nited liability company not of the limited liability rized representative of a membrased representative of a membr		i, it is hereby registered office lorida limited in affirmative vote les of organization
Bruce J. Newman, Mar (Printed or typed name of signed		amar Management, LLC	
`		agent and agree to act in this capacity	y. 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 Redistered Agent)

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