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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

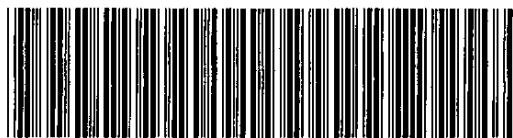
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J. BRYAN

FEB -5 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: East Port Center I, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Drago Tomasic
(Name of Person)

East Port Center I, LLC
(Firm/Company)

1218 Heather Lane
(Address)

Glenview IL 60025
(City/State and Zip Code)

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For further information concerning this matter, please call:

Drago Tomasic at (847) 486-0866
(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 amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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: East Port Center I, LLC
2. The mailing address of the limited liability company is: c/o George Tomasic
7051 N. Tripp Lincolnwood, IL 60712
1-25-07
3. Date of filing/registration in Florida
4. Document number M 07 000 000 492

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

CT Corporation System
Name
1200 S. Pine Island Road
Address
Plantation FL 33324
City, State and Zip

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

Gail Brown c/o ES Plesko & Associates
Name
1300 N. Powerline Rd # 207
Florida street address (P.O. Box NOT acceptable)
Ft. Lauderdale FL 33309
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.

Drago Jenu
(Signature of a member or authorized representative of a member)

Drago Tomasic
(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.

Gail Plesko
(Signature of Registered Agent)

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