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(City/State/Zip/Phone #) PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	02/04/0801051004 **100.00
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FEB - 6 2008

EXAMINER

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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: East Port Center V, LCe (Name of Limited Liability Company)		
(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 Tomesic (Name of Person)		
East Port Center V, LLC		
1218 Heather Lu.		
Glenview 1 60025 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Drano Tomas (c at (847) 486-0866 (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 \$25 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.

agem, or both, in the state of Florida.	, 0 1 0 1	
1. The name of the limited liability company is:	ast Port Center V, LLC	
2. The mailing address of the limited liability compan	yis: Go Joseph Tomasich	
3721 W. North Shore Ave,		
1-25-07	M 07 000 000 495	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registered Florida Department of State:	office address as shown on the records of the	
1200 S. Pin	e Island Rd ess FL 33324 and Zip	
City, State	and Zip	
6. The name and address of the new registered agent a	nd/or office:	
Gail Brown	C/o EJ Plesko + Associa	
5300 Powerli	ne Rd # 207	
Florida street address (P.O	-	
Ft. Lauderdale FL	905 EL	
City, State at	•	
If the limited liability company is not organized under confirmed that after the change or changes are made, t and the business office of the registered agent will be liability company, it is hereby confirmed that the chan of the mambers of the limited liability company or as or the perating agreement of the limited liability com	he Florida street address of the registered office identical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote	
(Signature of a rigid berror authorized representative of a member)		
Printed or typed danse of signee)		
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to th and I am familiar with and accept the obligations of m Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability com	nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, by position as registered agent as provided for in merely reflect a change in the registered office pany has been notified in writing of this change.	
(Signature of Registered Agent)		
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32312		
FILING FE	E: \$25.00	
INHS18 (8/05)		