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Þ.	FILING	Change of B.A.		
•	CAH-IDA CORPORATE NAME AN	Lakeside Commons LLC ND DOCUMENT#)		
!	(CORPORATE NAME AN	ND DOCUMENT #)		
3.	(CORPORATE NAME AN	ND DOCUMENT #)		
4.	(CORPORATE NAME AN	ND DOCUMENT #)		
i .	(CORPORATE NAME AN	ND DOCUMENT #)	<u> </u>	
	(CORPORATE NAME AND DOCUMENT #)			
PECIA	L INSTRUCTIONS:	reject w/ \$ attacked		

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.

Name of the limited liability company:CAH-IDA Lakeside Commons LLC		
2. (a) Principal office address of limited liability compan	y: 2801 Alaskan Way, Suite 200	
(Note: MUST BE STREET ADDRESS)	Seattle, WA 98121 2801 Alaskan Way, Suite 200	
(b) Mailing address of limited liability company:	2801 Alaskan Way, Suite 200	
_ (Note: MAY BE POST OFFICE BOX)	Seattle, WA 98121	
8/24/2007	M07000005176	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:	
Registered Agent:	C T Corporation System	
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324	
NEW Registered Agent: NEW Registered Office Address:	NRAI Services, Inc. 2731 Executive Park Drive, Suite 4	
(MUST BE FLORIDA STREET ADDRESS)		
	Weston ,FL33331	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as oth or the operating agreement of the limited liability compa	D1 '1 '	
Kathleen Gariepy, Member Printed or typed name of signee		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my Chapter 608/F.S. Or, if this document is being filed to address I hereby confirm that the limited liability compounds of the compound of the confirmation	l agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office any has been notified in writing of this change.	

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