

JUN. 30. 2010

DIVISION OF CORPORATIONS

NRAI CORPORATE SERVICES, INC.

NO. 0073

P. 5/8-1

**1208000001247**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : NRAI CORPORATE SERVICES, INC.  
Account Number : 120080000023  
Phone : (651) 225-9500  
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TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE**  
**5875 MIAMI LAKES ASSOCIATES, LLC**

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**EXAMINER**

(((H10000152382 3)))

**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. Name of the limited liability company: 5875 Miami Lakes Associates, LLC

2. (a) Principal office address of limited liability company: c/o Keystone Property Group

☒

(Note: **MUST BE STREET ADDRESS**)

One Presidential Blvd., Suite 300  
Bala Cynwyd, PA 19004

(b) Mailing address of limited liability company:

☒

(Note: **MAY BE POST OFFICE BOX**)

c/o Keystone Property Group

One Presidential Blvd., Suite 300  
Bala Cynwyd, PA 19004

03/17/2008

M08000001247

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Capitol Corporate Services, Inc.

Registered Office Address:

155 Office Plaza Drive, Suite A  
Tallahassee, FL 32301

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:**

NRAI Services, Inc.

**NEW Registered Office Address:**

**(MUST BE FLORIDA STREET ADDRESS)**

2731 Executive Park Drive, Suite 4

Weston

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.

Signature of a member or authorized representative of a member

Marc Rash

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.*

by:

Signature of Registered Agent Jackie Bernu, Asst. Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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