Division of Corporations Public Access System

## Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222~1092

Fax Number

: (850)878-5368

## FL ATLANTIC SHORES HOLDINGS LLC

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\$35.00

Electronic Filing Menu

Corporate Filing N

AUG 2 7 2009

## 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:	IL ATLANTIC SHORES HOLDINGS LLC
2. (a) Principal office address of limited liability comp	any: C/O MILLENNIUM MANAGEMENT
(Note: MUST BE STREET ADDRESS)	10800 BISCAYNE BLVD., STE, 600 MIAMI FL, 33161
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	
05/19/2009	M09000001885
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:	CORPORATION SERVICE COMPANY
Registered Office Address:	1201 HAYS STRBET TALLAHASSEE FL 32301-2525 US
	IADLAMASSEE PE 3E3017E3E3 VA
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	
NEW Registered Agent:	CT Corporation System
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road
(MUST BE TEORIDA STREET ADDRESS)	Plantation, ,FL33324
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 id liability company, it is hereby confirmed that the chang of the members of the limited liability company or as of or the operating agreement of the limited liability company.	lentical. Or, in the case of a Florida limited
Signature of a member or authorized representative of a member	— R
Hum A. Jhny a authorizal	Rusan w Edit
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and 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 comp	nd 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 merely reflect a change in the registered office cany has been notified in writing of this change.
C T Corporation System Louis Gibine Signature of Registered Agent	Barbara A. Burka Special Assistant Secretary

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

By: