

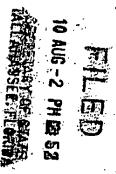
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D. BRUCE

AUG : 3 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
	inium Management, LLC de 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 m	atter to the following:
Frances Castro Name of Person OFCRITTES INC	
Firm/Company 1053 5. Hichaelse Rd Address Olarelo / FL 32835 City/State and Zip Code According Code	10 AUG -2 PM IN
E-mail address: (to be used for future annual report notification for further information concerning this matter, ple	
TVUNCES (05) at (5)	401 203-1333 Area Code & Daytime Telephone Number
STREET/COURTER 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 am	ount:
\$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.

ondominium Management, Lu
3100 N. Lake Shorp Driv
tite 200
SIGON. WILL Shore DI
50,16,200 Chicago, IV (60613
Document number
records of the Florida Dept. of State:
nichael A. Fish
5605 Granderalizators Bud Whe # 1105 Wintergorden, FL30187
Registered Office address:
304 Baleigh 5+ Apt. 203 Ochorio FL 32835
s of the State of Florida, it is hereby da street address of the registered office l. Or, in the case of a Florida limited as/were authorized by an afficient ve vote provided in the articles of in Fanization

Signature of Registered Agent