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From:

Account Name

: LEVINE & PARTNERS, P.A.

Account Number : 074677001117.

Fax Number

: (305)372-1350 : (305)372-1352

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOUTHEAST RESIDENTIAL RECOVERY FUND I, LLC

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EXAMINER

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AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

Department of State is: Souther	ast Residential Recover	Fund I, LLC		
. This entity was formed under the laws of: Delaware				
This entity was authorized to transac and its Florida document/registration no	at business in Florida on	June 24, 2011 00003240	.	
4. The name and address of each manag	ger or managing member i	s as follows:		
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
MGR				
			12 HOV	· · · · · · · · · · · · · · · · · · ·
			13 ANII: I	M
			.豆麻 ω	
Required Signature: Signature of Mana	ager, Managing Member of	Member		

Filing Fee: \$25