## ROETZEL & ANDRESS A LEGAL PROFESSIONAL ASSOCIATION 850 PARK SHORE DRIVE TRIANON CENTRE, THIRD FLOOR NAPLES, FL 34103

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1	,
(Corporation Name)	(Document #)
2. (Corporation Name)	(Document #)
3. (Corporation Name)	(Document #) 40003333942 -07/24/0001140005 *****25.00 *****25.00
4. (Corporation Name)	(Document #)
Walk in Pick up time Mail out Will wait  NEW FILINGS  Profit Not for Profit Limited Liability Domestication Other	Certified Copy  Photocopy Certificate of Status  AMENDMENTS  Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS  Annual Report Fictitious Name	REGISTRATION/QUALIFICATION  Foreign Limited Partnership Reinstatement Trademark Other

Examiner's Initials

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions liability company submits tagent, or both, in the State of	ne jouowing statement in of Florida.	oraer to change its reg	istered office or registered
1. The name of the limited	CARI liability company is: LIMI	BONE PROPERTIES OF LIABILITY COMP.	NAPLES, ANY
2. The mailing address of th	he limited liability company	yis:5885 Landerbr	ook Drive, Suite 110
Cleveland, Ohio 44124			
11/30/1998		M9800001407	
3. Date of filing/registration	ı in Florida	4. Document nur	nber
5. The name of the registered Florida Department of Sta	ite:		on the records of the
Co	rporation Service Con		
	Name	2	•
<u>12</u>	01 Hays Street		
_	Addre		
<u>Ta</u>	11ahassee, FL 32301-		
	City, State a	•	
6. The name and address of t		d/or office:	
	ark J. Price, Esq.		34 8
· · · · · · · · · · · · · · · · · · ·	OETZEL & ANDRESS, LPA		
<u>۾</u>	Name 50 Park Shore Drive,	Third Floor	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
<del></del>	Florida street address (P.O.		Transfer in the second second
•	ionaa succe address (1.0.	Box NOT acceptable)	The second secon
Na	aples, FL	34103	
	City, State and	d Zip	Control of the Contro
If the limited liability compar confirmed that after the chan- and the business office of the liability company, it is hereby the members of the limited li- the operating agreement of the	ge or changes are made, the registered agent will be id y confirmed that the change ability company or as other	e Florida street address of entical. Or, in the case of e(s) was/were authorized wise provided in the art	of the registered office
Signature of a member or authorized	representative of a member)	<del></del>	** **
n n a t			
Ross P. Carbone, Managi (Printed or typed name of signee)	ng Member	<del></del>	
I hereby accept the appointm comply with the provisions of and I am familiar with and acc chapter 608 FS. Or, if this address I hereby confirm tha	nent as registered agent and fall statutes relative to the cept the obligations of my document) is being filed to it the limited liability composite.	l agree to act in this cap proper and complete pe position as registered a merely reflect a change any has been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.
(Signature of Registered Agent)  lark J. Price, Esq.			
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314			

FILING FEE: \$25.00

INHS18(10/99)