

November 8, 2000

FLORIDA DEPARTMENT OF STATE Corporations Section P. O. Box 6327 Tallahassee, FL 32314

Attn: Corporate Filing Dept.

Re: YBOR CITY APARTMENTS, LLC

Dear Filing Clerk:

Enclosed please find a Statement of Change of Registered Office/Agent, for the above referenced name, which is to be filed in your office. I have enclosed check # 6877 in the amount of \$25.00 for the filing fee. After filing please return to me the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please contact me at 800-472-0544.

Thank you,

My Charles

Delanie Case

enclosures

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. The name of the limited li	iability company is:	YBOR CITY	APARIMEN	S, LLC	
2. The mailing address of the					·
					•
05-06-99			M990000006	84	
3. Date of filing/registration	in Florida	4.	Document numb	er	
5. The name of the registered Florida Department of Sta	l agent and the registe te:	ered office add	ress as shown on	the records	of the
<u>N</u>	RAI Services, Inc). Name			
52	26 East Park Aven			**************************************	
	allahassee, FL 32	Address 2301			FIL 00 NOV 13
_	City, S	State and Zip		702	
6. The name and address of the new registered agent and/or office:					
<u>C</u>	apitol Corporate S		<u></u>		
	333 North Duval				#
1	Florida street address	(P.O. Box NO	T acceptable)	₽	
<u>T</u> :	allahassee	FL 32303	3		
	City, St	ate and Zip			
If the limited liability compactonfirmed that after the charand the business office of the liability company, it is hereby the members of the limited the operating agreement of the limited the operating agreement of the limited li	nge or changes are made registered agent will be confirmed that the jability company or a helimited liability confirmed.	ade, the Florida Il be identical. change(s) was as otherwise prompany.	a street address of	the register	rea office
Signature of a prember or authorized	d representative of a member	r)	•		
Jeffry Dobbs Cockerel	1, Sole Member	· ·		* *	
(Printed or typed name of signee)			44 in 41.in ann	anita I famt	han aanaa to
I hereby accept the appoint comply with the provisions of and I am familiar with and chapter 608, F.S. Or, if this address, I hereby confirm the	ment as registered agof all statutes relative accept the obligation is document is being faat the limited liabilit	gent and agree to the proper s of my position iled to merely y company has	to act in inis cap and complete per n as registered as reflect a change i been notified in	acity. I further formance of gent as provious the register writing of the control	her agree to f my duties, ided for in ered office iis change.
Ollanie Cas (Signature of Registered Agent)					
Delanie Case, Asst.	of Corporations, P.	O. Box 6327,	Tallahassee, FL	32314	

FILING FEE: \$25.00

INHS18(10/99)