## M990000/327

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J. BRYAN DEC Y 2002

## 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 liability company is: LNR	Arbor Millennium Holdings, LLC
. The mailing address of the limited liability company is : 1601 Washington Avenue, 8th Floor	
Miami Beach, Florida 33139	
8/24/99	M99000001327
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered o Florida Department of State:  Shelly L. Rubin	ffice address as shown on the records of the
Name 760 NW 107th Avenue, S	Guite 300
Addres Miami, Florida 33172 City, State a	是 是
6. The name and address of the new registered agent an	d/or office:
Shelly L. Rubin	- High 5
1601 Washington Avenue	e, 8th Floor
Florida street address (P.O.	Box NOT acceptable) ラチ
Miami Beach FL	33139
City, State an	d Zip
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 ideliability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company. LNR MALLER LUM (Manager, Inc., a Florida Russella Manager, Inc., a Florida Russella Manager).	e Florida street address of the registered office lentical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote of rwise provided in the articles of organization or y.
(Signature of a member of authorized representative of a member)	······································
Shelly L. Rubin, Vice President	
(Printed or typed name of signee)  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 (1)8, F.S. Or of this document is being filed to address, I hereby confirm that the limited liability composition of Registered Agent)  (Signature of Registered Agent)	ad 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 pany has been notified in writing of this change.
Division of Corporations, P.O. Box	6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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