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## 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 Heron Millennium Holdings, LLC	
2. The mailing address of the limited liability con	mpany is: 1601 Washington	Avenue, 8th Floor
Miami Beach, Florida 33139		
8/24/99	H99000021207	
3. Date of filing/registration in Florida 4. Document num		
5. The name of the registered agent and the regist Florida Department of State:  Shelly L. Rubin	tered office address as shown or	n the records of the
760 NW 107th Aver	Name nue, Suite 300	200 1A
Miami, Florida 3317	Address 72 State and Zip	FILED 2002 NOV-25 AM 101-JION OF CORPORTALLAHASSEE, FI
6. The name and address of the new registered ag	•	SSEE COR
Shelly L. Rubin		AM 9: 4.3 PORATIO
1601 Washington A	77(tondo, our 100)	
Florida street address	(P.O. Box NOT acceptable)	<b>V</b>
Miami Beach	<sub>FL</sub> 33139	
City, S	tate and Zip	
If the limited liability company is not organized a confirmed that after the change or changes are mand the business office of the registered agent wi liability company, it is hereby confirmed that the the members of the limited liability company or a the operating agreement of the limited liability containing agreement of the limited liability containing agreement of the limited liability containing Manager, Inc., a Flor By.  (Signature of a member of authorized representative of a member of a member of authorized representative of a member	ade, the Florida street address of the identical. Or, in the case of change(s) was/were authorized as otherwise provided in the artiform or company.	of the registered office of a Florida limited by an affirmative vote of icles of organization or
Shelly L. Rubin, Vice President	•,	
(Printed or typed name of signee)		
I hereby accept the appointment as registered as comply withfife provisions of all statutes relative and I am familiar with and accept the obligation. Chapter 608, F.S. On, if this document is being faddress. I hereby confirm that the limited liability (Signature of Registered Agent)	gent and agree to act in this cap e to the proper and complete per s of my position as registered a lied to merely reflect a change y company 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.
Division of Corporations, P.	O. Box 6327, Tallahassee, FL	32314

FILING FEE: \$25.00

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