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PREMIER CORPORATE SERVICES, INC.

>00**00000**

200 West Adams Street, Suite 2007 Chicago, IL 60606 (312) 346-3606 (800) 934-2556 Fax: (312) 346-3607

July 25, 2007

VIA REGULAR MAIL

Q

Division Of Corporations Florida Department Of State PO Box 6327 Tallahassee, FL 32314

> RE: El-Ad Park at Lake Magdalene LLC El-Ad Promenade LLC

Dear Sir or Madam:

Enclosed are the forms necessary to change the registered agent and registered office for each of the above referenced limited liability companies, together with a check in the amount of \$50.00 representing the filing fees.

Please file with your office and return evidence to my attention at the letterhead address.

If you have any questions, please contact me on our toll-free line at 800-934-2556, prior to returning the documents.

Thank you.

Sincerely,

Laura L. Lightholder

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 liability company is: El-AD Park at Lake Magdalene	LLC	
2. The mailing address of the limited liability company is:		
1301 International Parkway, Suite 200, Sunrise, FL 33323		
<u>11/9/1999</u> M99000001766		
3. Date of filing/registration in Florida 4. Document num	nber	
5. The name of the registered agent and the registered office address as shown Florida Department of State:	on the records of	f the
Ronald R. Fieldstone		
Name :		
201 Alhambra Circle, Suite 601		
Address	TA _S 2	
Coral Gables, FL 33134		
City, State and Zip	` ≱∺ _	
6. The name and address of the new registered agent and/or office:	2007 JUL 31 SECRETARY LLAHASSEE	-
NRAI Services, Inc.	<u></u> e	
Name	FL D	
2731 Executive Park Drive, Suite 4	움직 뜻	
Florida street address (P.O. Box NOT acceptable)	I A 4: 42 Y OF STATE EE. FLORIDA	
Weston FL 33331		
City, State and Zip	<u> </u>	
If the limited liability company is not organized under the laws of the State of It confirmed that after the change or changes are made, the Florida street address and the business office of the registered agent will be identical. Or, in the case liability company, it is hereby confirmed that the change(s) was/were authorized the members of the limited liability company or as otherwise provided in the or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)	of the registered of a Florida limi d by an affirmat	office ited ive vote
Janosh Manay		
Joseph Manor (Printed or typed name of signee)		
I hereby accept the appointment as registered agent and agree to act in this ca comply with the provisions of all statutes relative to the proper and complete pa and I am familiar with and accept the obligations of my position as registered of Chapter 608, F.S. Or, if this document is being filed to merely reflect a change address, I hereby confirm that the limited liability company has been notified in NRAL Services. Inc.	pacity. I further erformance of m igent as provided in the registered writing of this c	agree to y duties, d for in d office change.
(Signature of Registered Agent) Anthony J. Alexander, Asst. Secretary		
Division of Corporations, P.O. Box 6327, Tallahassee, FL	32314	
FILING FEE: \$25.00		

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Name		
201 Alhambra Circle, Suite 601		
Address	₹	
Coral Gables, FL 33134	ZE SE SE	
Coral Gables, FL 33134 City, State and Zip		
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NRAI Services, Inc.	يا ڪي	77
Name		
2731 Executive Park Drive, Suite 4	A 4: 4;)F STATE , FLORID,	
Florida street address (P.O. Box NOT acceptable)	u2 IDA	
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Joseph Manor (Printed or typed name of signee)		
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(Signature of Registered Agent) Anthony J. Alexander, Asst. Secretary		
Division of Corporations, P.O. Box 6327, Tallahassee, F.	L 32314	
FILING FEE: \$25.00		