

P 000000 91904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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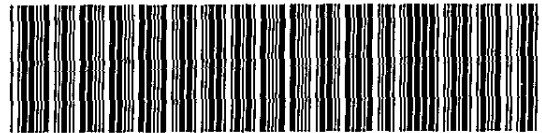
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 4 A Fec
(Name of corporation)

DOCUMENT NUMBER: P 000000 91904

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Elliot J. Lupkin
(Name of person)

(Name of firm/company)
Elliot J. Lupkin
Attorney At Law
1975 E. Sunrise Boulevard, Suite 509
Fort Lauderdale, Florida 33304

Ellot J. Lupkin
Attorney At Law
1975 E. Sunrise Boulevard, Suite 509
Fort Lauderdale, Florida 33304

(City/state and zip code)

For further information concerning this matter, please call:

Elliot J. Lupkin at (954) 767-9200
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: A - A - Fee Property Management, Inc.
2. The principal office address: 1975 E SUNRISE BLVD.
FT LAUD FLORIDA 33304 Suite 509
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 9/28/2000 Document number: P00000091904
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CORPORATE SERVICE COMPANY
2711 CENTERVILLE ROAD SUITE 400
WILMINGTON DE 19828

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ELIOT LUDKIN P.A.
1975 E SUNRISE BLVD
(P.O. Box or personal mailbox NOT acceptable)
FT LAUD FL 33304 Suite 509

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature]
(Signature of an officer, chairman or vice chairman of the board)

ELIOT J. LUDKIN
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

7-21-03
(Date)

If signing on behalf of an entity:
ELIOT J. LUDKIN P.A.
(Typed or Printed Name)

PRESIDENT
(Capacity)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

FILED
03 JUL 31 PM 19
TALLAHASSEE, FLORIDA
SECRETARY OF STATE