## P97000041536

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## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
SUBJE	CCT: Aventura Properties, Inc.	
	(Name of C	orporation)
DOCU	MENT NUMBER: P97000041536	
The end	closed Statement of Change of Registered Office	e/Agent and fee are submitted for filing.
Please r	return all correspondence concerning this matter	to the following:
	Dennis A. Foster	
	(Name of Con	ntact Person)
	Aventura Properties, Inc.	
	(Firm/Co	ompany)
	2005 Coto Porkwov N. Suito 46	00
	9995 Gate Parkway N., Suite 40 (Add	
	<b>(</b>	,
	Jacksonville, FL 32246	
	(City/State ar	nd Zip Code)
For furt	ther information concerning this matter, please of	eall:
Dennis	s A. Foster	at ( 904 ) 996-8800 (Area Code & Daytime Telephone Number)
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclose	ed is a \$35.00 check made payable to the Depart	ment of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

TO:

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

statement of cha	provisions of sections 607.0302, 617.0302 inge is submitted for a corporation organi er to change its registered office or registe	zed under the laws of the State of <u>F</u>	Florida	; 	
1. The name of	the corporation: Aventura Properties, Inc.				
2. The principal	office address: 9995 Gate Parkway N., S	uite 400, Jacksonville, FL 32246			
3. The mailing a	address (if different): same				
4. Date of incorp	poration/qualification: 5/9/1997	Document number: P970000	41536		
	d street address of the current registered agreement of State:	gent and registered office on file with	h the		
	Steven C. Koegler				
	9995 Gate Parkway N., Suite 40	00			
	Jacksonville, FL 32246				
6. The name and (if changed):	d street address of the new registered agen	t (if changed) and /or registered offic	SECRE TALLAH	2006 DEC	
	Dennis A. Foster		TAR	<u></u>	
	9995 Gate Parkway N., Suite 46		1.0 A 0.0	<u></u>	
	(P.O. Box NOT acceptable)  Jacksonville, FL 32246		STA	PH 12:	
The street address changed will	ess of its registered office and the street	address of the business office of its		59	t,
Such change w authorized by t	as authorized by resolution duly adopted he board or the corporation has been no	by its board of directors or by an itified in writing of the change.	officer so		
	ure of anothicer or director)	Steven C. Koegler, Director (Printed or typed name and to			•
I hereby accept I further agree of my duties, an document is be corporation ha	the appointment as registered agent and to comply with the provisions of all state and I am familiar with and accept the obling filed merely to reflect a change in the seen notified in writing of this change.	d agree to act in this capacity, utes relative to the proper and com igation of my position as registered e registered office address, I hereb	plete perfo l agent. O y confirm	orman r, if th that th	ce iis ie
Denni'	N. Lest	December 15, 2006			_
	gnature of Registered Agent)	(Date)			
	ehalf of an entity:				
Dennis A. Fo	Ster Typed or Printed Name)				

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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