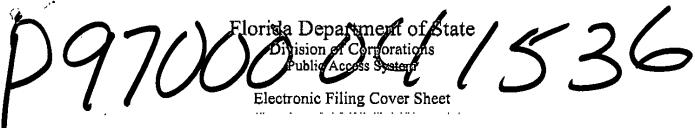
Division of Corporations

Page 1 of 1



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000227156 3)))



H0000002271563ABC9L

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : FOWLER WHITE BOGGS, P.A. - JACKSONVILLE

Account Number : 120040000146 Phone : (904)598-3100 Fax Number : (904)446-2636 SECRETARY OF STATE TALLAHASSEE, FINANCE

009 GCT 23 AM . 8: 00 Ecretary of State Elahassee. Florida

## REGISTERED AGENT CHANGE

AVENTURA PROPERTIES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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TO: Amendment Section

## **COVER LETTER**

Division of	Corporations				
SUBJECT:	Aventura Pr	operties, Inc.	<del>-</del>		
	Name (	or Corporation			
DOCUMENT NUM	MBER: P	97000041536	_		
The enclosed Staten	nent of Change of Registered O	ffloe/Agent and fee are submitted for	filing.		
Please return all cor	respondence concerning this ma	atter to the following:			
-	Daniel B. N Name of	lunn, Jr., Attorney Contact Person			
Fowler White Boggs P.A. Firm/Company					
_	50 N. Laura Street, Suite 2800				
		Address	_		
	Jackson	ville, FL 32202 te and Zip Code	_		
	City/Stat	te and Zip Code			
	daniel.nunn@	Dfowlerwhite.com			
	E-mail address: (to be used for	or future annual report notification	<u>1)</u>		
		·			
For further informat	ion concerning this matter, plea	ase call:			
Daniel	B. Nunn, Jr., Attorney	at ( 904 ) 59 Area Code & Daytime Tele	)8-3118		
Nam	e of Confact Person	Area Code & Daytime Tell	epilotte Municei		
Enclosed is a \$35.00 check made payable to the Department of State.					
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Street Address: Amendment Section  Division of Corporati Clifton Building 2661 Executive Cent			

Tallahassee, FL 32301

(H09000227156 3)

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

statement of cha	inge is submitted for a co	<del>rp</del> oration organize	507.1508, or 617.1508, Flo d under the laws of the Sta d agent, or both, in the Sta	te of Florida	
	the corporation: Avent office address: 9995 G		s, Inc. ., Sulte 400, Jackson	ville, FL 32246	<u> </u>
3. The mailing					
4. Date of incor	poration/qualification;	5/08/1997	Document number:	P97000041536	_
5. The name an	d street address of the cur	rent registered ager ed, enter resigned)	nt and registered office on	file with the	
_	Dennis A. Foster				
	9995 Gate Parkwa				
	Jacksonville, FL 3	2246			
6. The name an (if changed):		v registered agent (	if changed) and /or register	SECRE SECRE	الله الله الله الله الله الله الله الله
	Daniel B. N	unn, Jr.		23 ARY ASSE	
	50 N. Laura Street	Suite 2800 F.O. Box NOT a	ссершые	THO R	C
				O: 2	
The street addr	ress of its registered offic I be identical.	e and the street ad	dress of the business offic	-111	
			y its board of directors or red in writing of the chan		
Signat	Avalus ure of an officer of director	<del></del>	Nick T. Kavalie	ros, President	
I hereby accep I further agree of my duties, a document is be corporation ha	t the appointment as reg to comply with the prov nd I am familiar with an ing filed merely to reflec is been notified in writing	istered agent and i isions of all statute d accept the oblige t a change in the i g of this change.	agree to act in this capact es relative to the proper a ation of my position as re registered office address.	ity, nd complete performance gistered agent. Or, if this I hereby confirm that the	
770	BD_		10/12/200	٩	
	gnature of Registered Agont ehalf of an entity:		· Date		
	Typed or Printed Name				

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR26045 (8/05)