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CT Corporation System 660 East Jefferson Street Tallahassee, FL 32301 Tel 850 222 1092 Fax 850 222 7615 Attn: Jeff Netherton

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Florida Department of State, Sandra B. Mortham, Secretary of State

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 , F liability company organized under the laws of the State of Flosubmits the following statement in order to change its register the State of Florida.	orida ,
la. The name of the limited liability company is: Newport/Pl	antation Property L.C.
1b. The mailing address of the limited liability company is: _3	100 Monticello Ave., Suite 200,
1c. Date of filing/registration in Florida: 05/24/91 D	ocument number: Z00397
2. The name and address of the current registered agent and off	fice:
3800 S. Ocean Dr., Suite 1405, Hollywood, FL 33019	SEP 25
3. The name and address of the new registered agent and office CT CORPORATION SYSTEM 1200 South Pine Island Road Plantation, FL 33324	e: (P.O. BOX NOT ACCEPTABLE)
After the change or changes are made, the street address of the registered agent will be identical. Such change was authorized by affirmative vote of a majority of company or as provided in the articles of organization or the company. **Example 1.5	of the members of the limited liability the regulations of the limited liability
(Printed or typed name and title) Having been named as registered agent and to accept service limited liability company, I hereby accept the appointment as in this capacity. I further agree to comply with the provision proper and complete performance of my duties, and I am family of my position as registered agent.	ce of process for the above stated s registered agent and agree to act ions of all statutes relative to the
CT COPPORATION SYSTEM (Signature of Registered Agent)	9/8/2000 (Date)

FILING FEE: \$35.00

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314