Filing Fee: \$20.00



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

## LIMITED LIABILITY COMPANY

	CHARLED CIABILITY COMPANY
	STATEMENT OF CHANGE OF RESIDENT AGENT
Pu ch:	irsuant to the provisions of Section 7-16-11 of the General Laws, 1956, as amended, the undersigned authorizes a ange of its resident agent and the address of its resident agent in the state of Rhode (sland as follows:
1.	The name of the limited liability company is:
	109 Twin Peninsula Avenue, LLC
2.	The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
	10 Weybosset Street, Providence, RI 02903
3.	The NEW address of the resident agent is: Kenyon Law Associates, LLP, 133 Old Tower Hill Road, Suite 1, Wakefield, RI 02879
4.	The name of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:
	CT Corporation System
5.	The name of the NEW resident agent is:  John F. Kenyon, Esq.
6.	The appointment of a new resident agent and the change of address of the resident agent, as the case may be, shall become effective upon the filing of this statement.
	Under penalty of perjury, I declare that the information contained herein is true and correct.
Dat	e: October 15, 2006 109 Twin Peninsula Avenue, LLC
	Print Name of Limited Liability Company
	By: Navey W. Janbardo
	Signature of Authorized Person
	By: Tri-Lease Associates, Limited Partnership, Mer

Form No. 642 Revised: 12/05

Member

By: NL, LLC, a General Partner By: Nancy W. Lombardo, Sole Member