

# F69304

Requestor's Name

Requestor's Name  
**RUBY FRANKLIN**

Address  
**AVATAR PROPERTIES, INC**  
**255 ANAMBA CIRCLE**

City/State/Zip Phone #  
**CORA GABLES, FL 33134**

Office Use Only

(if known):

400002805274--0  
 -03/15/99--01019--001  
 \*\*\*1435.00 \*\*\*\*\*35.00

- 2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
- 3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
- 4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- Walk in
- Mail out
- Pick up time \_\_\_\_\_
- Will wait
- Certified Copy
- Photocopy
- Certificate of Status

| NEW FILINGS              |                   |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit            |
| <input type="checkbox"/> | NonProfit         |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication     |
| <input type="checkbox"/> | Other             |

| AMENDMENTS               |  |
|--------------------------|--|
| <input type="checkbox"/> | Amendment                              |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/> | Change of Registered Agent             |
| <input type="checkbox"/> | Dissolution/Withdrawal                 |
| <input type="checkbox"/> | Merger                                 |

**FILED**  
 99 MAR 12 PM 12:00  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION |                     |
|-----------------------------|---------------------|
| <input type="checkbox"/>    | Foreign             |
| <input type="checkbox"/>    | Limited Partnership |
| <input type="checkbox"/>    | Reinstatement       |
| <input type="checkbox"/>    | Trademark           |
| <input type="checkbox"/>    | Other               |

*PO chg*  
*DCG*  
*3/1/7*

|                     |  |
|---------------------|--|
| Examiner's Initials |  |
|---------------------|--|

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

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, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: Avatar Leisure Lakes, Inc.

2. The mailing address of the corporation is: 201 Alhambra Circle, Coral Gables, Florida 33134

3. Date of incorporation/qualification: 3/3/82 Document number: F69304

4. The name and address of the current registered agent and office:

Juanita I. Kerrigan
255 Alhambra Circle
Coral Gables, FL. 33134

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Juanita I. Kerrigan
201 Alhambra Circle
Coral Gables, FL. 33134

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Charles L. McNairy
(Signature of an officer, chairman or vice chairman of the board)

MARCH 8, 1999
(Date)

Charles L. McNairy, Executive V.P.
(Printed or typed name and title)

March 8, 1999
(Date)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Juanita I. Kerrigan
(Signature of Registered Agent)

March 8, 1999
(Date)

If signing on behalf of an entity:

(Typed or Printed Name) (Capacity)