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June 14, 2001

Florida Department of State Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

Picerne Rosalind Villas, LLC and Rosalind Villas Limited Partnership

Dear Sir/Madam:

Re:

Enclosed are the original following documents:

- Limited Partnership Statement Change of Registered Office or Registered Agent, or Both for Rosalind Villas Limited Partnership; and
- Statement of Change of Registered Office or Registered Agent, or Both for Limited Liability Company for Picerne Rosalind Villas, LLC.

Please process accordingly. Also, enclosed is a check in the amount of \$60.00 made payable to Florida Department of State, Division of Corporations to cover the costs of these filings.

Please call should you have any questions concerning the foregoing. Thank you for your assistance in this matter.

Sincerely,

Harris & Robinson

Paralegal for Terry Costolo, Esq.

:lc **Enclosures**



TALLAHASSEE

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, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Piceme Rosalind Villas, LLC	
Name of the limited liability company	
2. 247 N. Westmonte Dr., Altamonte Springs, FL 3	32714
Mailing addr	ress of the limited liability company
3. 1/19/00	4. L00000000720
Date of filing/registration in Florida	Document number assigned
 The name of the registered agent and the registered records of the Florida Department of State: 	red office and address as shown on the
W. Terry Costolo, Es Nar 215 N. Eola Dr. Addr Orlando, FL 32801	me
City, State	and Zip
6. The name and address of the new registered age	nt and/or office:
W. Terry Costolo, Es	
Nam 301 E. Pine St.	le .
Addres	SS .
<u>Orlando, FL 32801</u>	
City, State	and Zip
change or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabil	laws of the State of Florida, it is hereby confirmed that after the registered office and the business office of the registered agent ity company, it is hereby confirmed that the change(s) was/were nited liability company or as otherwise provided in the articles of y company.
5. 1	TAL SE
Signature of a member or authorized representative of a mem	iber AHE U
Robert M. Picerne	FILED TARY OF ASSEE.
Printed or typed name of signee	D STE
provisions of all statutes relative to the proper and complete	gree to act in this capacity. I further agree to reply with the performance of my duties, and I am familiar with the ocument is being filed merely to reflect a change in the registered has been notified of this change.
Signature of Registered Agent	
* * * FILING	FEE: \$25.00 * * *

CR2E045(9/00)