

W2000025086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

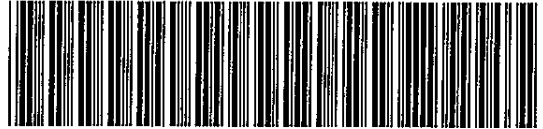
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**MARIO G. DE MENDOZA, III, P.A.**

ATTORNEY AT LAW

12765 FOREST HILL BOULEVARD

SUITE 1302

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May 2, 2005

AMENDMENT SECTION  
Division of Corporations  
Florida Department of State  
P. O. Box 6327  
Tallahassee, Florida 32314

**Re: Valentine Farm, LLC**  
**Our File No. 5552.1**

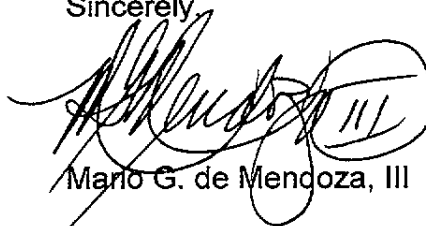
Dear sir or madam:

Enclosed for filing with your office please find a Statement of Change of Registered Office or Registered Agent for the captioned entity, Valentine Farm, LLC. Also enclosed is my firm check in the amount of \$25.00 representing payment of the requisite filing fee.

Please forward evidence of the filing of the same to the undersigned at the above address at your earliest convenience.

Thank you for your assistance.

Sincerely,



Mario G. de Mendoza, III

**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. The name of the limited liability company is: Valentine Farm, LLC
2. The mailing address of the limited liability company is: c/o Mario G. de Mendoza, III, P.A.,  
12765 Forest Hill Boulevard, Suite 1302, Wellington, FL 33414

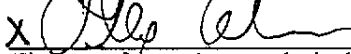
3. Date of filing/registration in Florida September 24, 2002
4. Document number L02000025086

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
- Olexa Celine  
Name  
2411 Windsor Way Ct.  
Address  
Wellington, FL 33414  
City, State and Zip

6. The name and address of the new registered agent and/or office:
- Mario G. de Mendoza, III, P.A.  
Name  
12765 Forest Hill Blvd., Suite 1302  
Florida street address (P.O. Box NOT acceptable)  
Wellington FL 33414  
City, State and Zip

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TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

X   
(Signature of a member or authorized representative of a member)

Olexa Celine  
(Printed or typed name of signee)

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
(Signature of Registered Agent)

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