## L03000038818

(Re	equestor's Name)	
(Ad	ldress)	· ···
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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OS SEP 27 PM 5: 01
SECRETARS OF STATE
SECRETARS SEE. FLORIDA

15 SEP 27 PN 3: 20



ACCOUNT NO. : 072100000032

REFERENCE : 619810 5490A

AUTHORIZATION

COST LIMIT

ORDER DATE: September 27, 2005

ORDER TIME : 1:06 PM

ORDER NO. : 619810-010

CUSTOMER NO: 5490A

CUSTOMER: Ms. Kathleen Kennedy

Mastriana & Christiansen

Suite 200

1500 North Federal Highway Fort Lauderdale, FL 33304

CHANGE OF AGENT

NAME: SAVANNAH LANDINGS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap -- EXT# 2951

EXAMINER:

## 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.

agent, or both, in the state	e by I fortua.			
1. The name of the limits	ed liability company	is: Savannah	Landings, LLC	<u></u>
2. The mailing address o	f the limited liability	company is :	2800 Bayview D	rive
•	·		Lauderdale, Plo	
10/10/2003	The same of the sa		T.03000038818	
3. Date of filing/registrat	ion in Florida		4. Document nur	nber
5. The name of the registe Florida Department of	ered agent and the re State:	gistered office	address as shown	on the records of the
		Hugo, Paul		
		Name	_	
	676 We	est Prospect	Road	. O. A
Address				
		derdale, FL		
	Ci	ty, State and Zi	P	W. C. S.
6. The name and address	of the new registered	i agent and/or c	office:	OF SER P.J. P.M. S. O.
· · · · · ·	F. Roma	ld Mastriana	, Esq.	200
		Name		937
	1500 North Fede			J.
	Florida street addı	ress (P.O. Box I	NOT acceptable)	,
	Ft Lauderdale	FL	33304	
	City	, State and Zip		
If the limited liability concentirmed that after the cland the business office of liability company, it is he members of the limite the operating agreement of Signalute of a member or author	nange or changes are the registered agent reby confirmed that ( d liability company of the limited hability	made, the Flor will be identicathe change(s) wo or as otherwise company.	ida street address al. Or, in the case as/were authorize	of the registered office of a Florida limited d by an affirmative vote of
PAUL HAG 6 (Printed or typed name of signee)				
I hereby accept the appoint the appoint comply with the provision and I amfumiliar with an Chapter 508, F.S. On it to address, the elyposition	niment as registered s of all statutes relat d accept the obligati his document is bein the table limited liab	l agent and agri live to the prope ons of my posit g filed to merel lity company h	ee to act in this ca er and complete pi ion as registered o ly reflect a change as been notified ir	pacity. I further agree to arformance of my dutics, igent as provided for in in the registered office i writing of this change.
(Signature of Registered Agent)	- of Comments	DA Reservation	Tables m	23214
Divisio	n of Corporations,	r.U. BOX 632/	, rananassee, FL	34314

FILING FEE: \$25.00

INHS18(10/99)