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2006 APR 28 P 1:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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Law Offices of  
**Anita L. Barber, P.A.** FILED

Anita L. Barber\*

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Richard G. Shanklin

Chief Operating Officer

2006 APR 28 PM 5:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

April 20, 2006

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

Re: **Seven Seasons Investments, LLC**

Dear Sir/Madam:

Please find enclosed the Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company, Seven Seasons Investments. Additionally, please find enclosed the Articles of Amendment to Articles of Organization of Seven Seasons Investments, LLC changing the street address of the principal office of the Company, the mailing address of the Company and the name and Florida street address of the Registered Agent.

Please change the street address of the principal office of the Company and the mailing address of the Company to: **The Private Bank, 7<sup>th</sup> Floor, Bank of America, N.A., 390 North Orange Avenue, Suite 700, Orlando, FL 32801.** Please change the name and Florida street address of the Registered Agent to: **CT Corporation System, 1200 South Pine Island Road, Plantation, FL 33324.**

I have enclosed my firm's check in the amount of \$50.00 for the filing fees for the Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company and the Articles of Amendment. Please file these documents in the records of the State of Florida and mail confirmation of the changes to The Private Bank, 7<sup>th</sup> Floor, Bank of America, N.A., 390 North Orange Avenue, Suite 700, Orlando, FL 32801. Thank you for your attention to this matter.

Very truly yours,

**Anita L. Barber, P.A.**



Anita L. Barber, Esq.

Enclosures

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

FILED

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.

APR 28 P 1:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- 1. The name of the limited liability company is: Seven Seasons Investments, LLC
- 2. The mailing address of the limited liability company is: The Private Bank, 7th Floor, Bank of America, N.A., 390 N. Orange Avenue, Suite 700, Orlando, FL 32801

- 3. Date of filing registration in Florida: February 23, 2006
- 4. Document number: L06000020072

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Winston Miller  
Name  
3404 Oakmont Court  
Address  
Kissimmee, FL 34746  
City, State and Zip

6. The name and address of the new registered agent and/or office:

CT Corporation System  
Name  
1200 South Pine Island Road  
Florida street address (P.O. Box NOT acceptable)  
Plantation, FL 33324 FL  
City, State and Zip

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.

Winston Miller Katherine M. Habermeyer  
(Signature of a member or authorized representative of a member)  
Winston Miller Katherine M. Habermeyer  
(Printed or typed name of signer)

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.

Barbara A. Burke  
(Signature of Registered Agent)

**BARBARA A. BURKE**  
**SPECIAL ASSISTANT SECRETARY**

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00