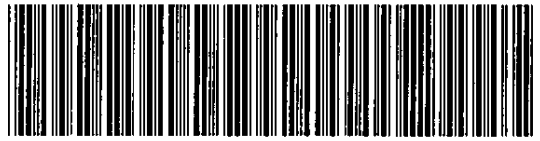


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D'LUGE, MILES, MILES & CAMERON "P.L.C."
ATTORNEYS AND COUNSELORS
67 NORTH WALNUT
MOUNT CLEMENS, MICHIGAN 48043



200160710682

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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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.

1. Name of the limited liability company: SPE Utility Contractors FD, L.L.C.

2. (a) Principal office address of limited liability company: _____

(Note: **MUST BE STREET ADDRESS**) 814 AIA North, 200
Ponte Vedre Beach, FL 32082

(b) Mailing address of limited liability company: _____

(Note: **MAY BE POST OFFICE BOX**) 814 AIA North, 200
Ponte Vedre Beach, FL 32082

11/05/2007
3. Date of filing/registration in Florida

L07000111666
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Laura A. Postill

Registered Office Address: 814 AIA North
200
Ponte Vedre Beach, FL 32082

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**

NEW Registered Agent: Laura A Postill

NEW Registered Office Address: 24 Pelican St. W.
(MUST BE FLORIDA STREET ADDRESS) Naples, FL 34113

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]
Signature of a member or authorized representative of a member

David P. Postill
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.

X Laura A Postill
Signature of Registered Agent

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

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