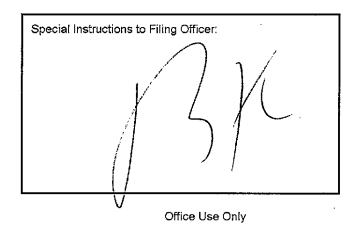
M05000000833

	(Req	uestor's Name)			
	(Addı	ress)			
	(Addı	ress)			
	(City/	State/Zip/Phon	e #)		
PICK-L	JP	☐ WAIT	MAIL		
	(Busi	ness Entity Nar	ne)		
	(Doci	ument Number)			
Certified Copies	Certificates of Status				





400065359484



06 FEB 15 FM I2: 54



ACCOUNT NO. : 072100000032

REFERENCE :

866406

5138497

AUTHORIZATION

COST LIMIT : '\$'

ORDER DATE: February 13, 2006

ORDER TIME : 10:23 AM

ORDER NO. : 866406-130

CUSTOMER NO: 5138497

CHANGE OF AGENT

NAME: TA CRESTHAVEN, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman

EXAMINER'S INITIALS:

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 limite	d liability company	is: TA CREST	HAVEN, LLC	· · .		
2. The mailing address of	f the limited liability	company is:		•		
2601 South Military Trail, We	est Palm Beach, FL 3341	5				
Fal 14 2005			3.6050000000022	-		
February 14, 2005		M05000000833				
3. Date of filing/registrat	ion in Florida		4. Document nur	nber		
5. The name of the register Florida Department of		gistered office	address as shown	on the records of the		
	CT	Corporation Sys	tem			
		Name		• -		
	1200 S	South Pine Island	Road			
		Address		声		
Plantation, FL 33324						
	Cit	y, State and Z	ip	=======================================		
6. The name and address of	of the new registered	agent and/or	office:	TALLAHASSEE, FLORIG		
	Corpora	tion Service Cor	npany	声级东		
Name Sign 5						
	12	01 Hays Street		<u>Su</u>		
Florida street address (P.O. Box NOT acceptable)						
	Tallahassee	FL	32301			
	City	, State and Zip)			
If the limited liability come confirmed that after the chand the business office of liability company, it is her of the members of the limited or the operating agreement (Signature of a member or authority).	nange or changes are the registered agent reby confirmed that the nited liability compart of the limited liabil	made, the Flowill be idention the change(s) by or as otherwhity company.	orida street address cal. Or, in the case was/were authorize	of the registered office of a Florida limited ed by an affirmative vote		
Scott L- Day (Printed or typed name of signee)	lrymple					
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby comfirm			ree to act in this ca per and complete p ition as registered i ely reflect a change has been notified in	spacity. I further agree to erformance of my duties, agent as provided for in in the registered office my writing of this change.		
(Signature of Registered Agent)	Elizabeth A. Dawson, As	st. V.P.				

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