M05000003296

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ACCOUNT NO. : 072100000032

REFERENCE : 144802 7417111

AUTHORIZATION

COST LIMIT US 25.00

ORDER DATE: May 31, 2006

ORDER TIME : 12:49 PM

ORDER NO. : 144802-215

CUSTOMER NO: 7417111

CHANGE OF AGENT

NAME: GEMINI TAMIAMI 2, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Sara Lea

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 limited liab	oility company i	s: GEMINI T	AMIAMI 2, LLC		
2. The mailing address of the	limited liability	company is:			
16740 Birkdale Commons Pkwy., S	uite 301, Huntersvi	ille, NC 28078		<u> </u>	
06/17/2005			M05000003296	5	
3. Date of filing/registration in		4. Document number			
5. The name of the registered a Florida Department of State		gistered office	address as sho	wn on the records of the	
	Phili	p H. Ward, III, l	Esq.		
		Name		_	
4420 Beacon Circle					
Address					
West Palm Beach, FL 33407 City, State and Zip					
	•		•	TALLAHASS	
6. The name and address of the new registered agent and/or office:					
6. The name and address of the new registered agent and/or office: Corporation Service Company Name 1201 Hays Street					
Name 5					
1201 Taylo Ottob					
Flo	rida street addre	ess (P.O. Box	NOT acceptable	le)	
	Tallahassee	FL	32301		
	City,	State and Zij	p		
If the limited liability company confirmed that after the change and the business office of the r liability company, it is hereby of the members of the limited or the operating agreement of the limited or the limited liability company confirmed that after the change and the limited liability company confirmed that after the change and the business office of the r liability company.	e or changes are egistered agent confirmed that the liability comparties limited liabil	made, the Flowill be identi- he change(s) by or as other ity company.	orida street addr cal. Or, in the c was/were autho wise provided in	ress of the registered office case of a Florida limited rized by an affirmative vote	
Dante Massaro, Vice President					
(Printed or typed name of signee)					
I hereby accept the appointme comply with the provisions of and I am familiar with and accomplete 608, F.S. Or, if this daddress, I hereby confirm that	nt as registered all statutes relative ept the obligation ocument is bein, the limited liabi	agent and ag ive to the pro- ons of my pos g filed to mer lity company	ree to act in thi per and comple ition as register ely reflect a cha has been notifie	s capacity. I further agree to te performance of my duties, ed agent as provided for in inge in the registered office ed in writing of this change.	
(Signature of Registered Agent) Jacque	U. Giles AVI	<u>}</u>			
Jacque	anie M. Glies, AVF	-			

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