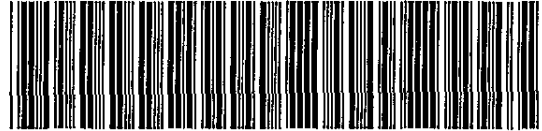


N37644



D + F Management, LLC

PO Box 421149
Kissimmee, FL 34742-1149



900008557359

(City/State/Zip/Phone #)

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(Business Entity Name)

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R.A. change

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida 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 corporation : Wesmere Maintenance Association, Inc.

2. The mailing address of the corporation : 12 E. Monument Ave,
Kissimmee, FL 34741

3. Date of incorporation/qualification: 4/13/1990 Document number: N137644

4. The name and address of the current registered agent and office:
Oakridge Management, LLC
12 E. Monument Ave
Kissimmee, FL 34741

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5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)
D & F Management, LLC
12 E. Monument Ave
Kissimmee, FL 34741

The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.

Richard R. Combs (Signature of an officer, chairman or vice chairman of the board) 9/30/02 (Date)

Richard R. Combs VP
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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 obligation of my position as registered agent.

Dellie Boyd (Signature of Registered Agent) 9/30/02 (Date)

If signing on behalf of an entity:
Dellie Boyd (Typed or Printed Name) LCAM (Capacity)

*** FILING FEE: \$35.00 ***