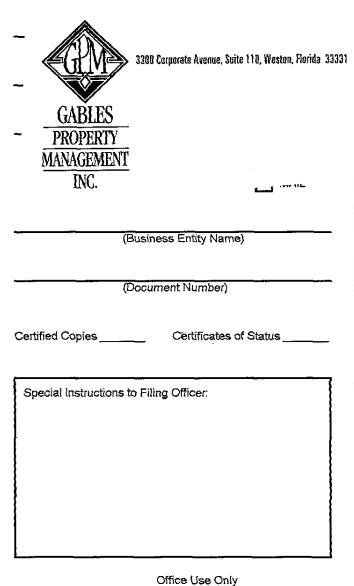
## N99000000286





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SECRETARY OF STATE
TALLAHASSEE FLORINA

7 Smile FEB 0 7 2006

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

| statement of cha  | nge is submitted for a corporation organ  | 2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of FLORIDA cred agent, or both, in the State of Florida.   |
|---|---|--|
| 1. The name of t  | he corporation: RIVIERA ISES MA   | ASTER ASSOCIATION, INC.  |
| 2. The principal  | office address: 4400 W. SAMPLE  | ROAD, STE 200  |
| COCON   | JT CREEK, FL 33073-3450   | )  |
| 3. The mailing a  | ddress (if different): SAME   |  |
|   |   | r  |
| 4. Date of incorp   | oration/qualification: 01/15/1999   | Document number: N9900000286   |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  |   |  |
|   | MINTO COMMUNITIES   | , INC  |
|   | 4400 W. SAMPLE ROA  | AD, STE 200  |
|   | COCONUT CREEK, FL   | 33073-3450   |
| 6. The name and (if changed):   | street address of the new registered ager   | nt (if changed) and /or registered office  |
|   | BAKALAR & EICHNER   | • •  |
|   | 150 SOUTH PINE ISLA   |  |
|   | (P.O. Box NOT acceptable PLANTATION, FLORID   | [TTC   |
| The street address of its registered office and the street address of the business office of its registered egent, 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, or the corporation has been notified in writing of the change. |   |  |
| Liebara   | re of an officer of greator)  | RICHARD Cygan Director   |
| I hereby accept<br>I further agree to<br>of my duties, an<br>document is beil<br>corporation has  | the appointment as registered agent and comply with the provisions of all stated I am familiar with and accept the obline filed merely to reflect a change in the been notified in writing of this change | nd agree to act in this capacity,<br>utes relative to the proper and complete performance<br>igation of my position as registered agent. Or, if this<br>e registered office address, I hereby confirm that the |
| (Sie  | module of Registered Agent)   | 1 23 2004<br>(Date)  |
| If signing on be  | half of an entity:  | ·  |
| BAKATAN !   | ECHVEL P.A.  yped or Printed Name)  | en e   |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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