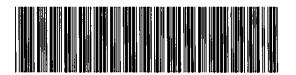
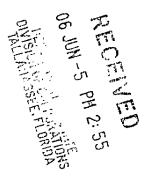
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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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Office Use Only



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ON SERVICE COMPANY				
	ACCOUNT NO.	: 0721000000	32	
	REFERENCE	: 144802	7417111	
	AUTHORIZATION	: Southerle	man	
	COST LIMIT	: \$ 25.00	PL P	CRE
ORDER DATE : Ma	у 31, 2006		· · · · · · · · · · · · · · · · · · ·	SSECTION TO
ORDER TIME :	:59 PM			150 P. C
ORDER NO. : 14	4802			ABACK.
CUSTOMER NO:	7417111			
	CHANGE OF AC	<u>SENT</u>		
NAME:	GEMINI RANCH I	LAKE 8, LLC		
PLEASE RETURN TH	E FOLLOWING AS	PROOF OF FILI	NG:	
CERTIFIE YX PLAIN ST	D COPY AMPED COPY			
CONTACT PERSON:	Sara Lea			
	EXA	AMINER'S INITI	ALS:	

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 limi	ted liability company	is: GEMINI R	RANCH LAKE 8, LLC	·	
2. The mailing address	of the limited liability	company is:			
16740 Birkdale Commons F	kwv., Suite 301, Huntersy	ille. NC 28078			
	,,,	,		·	
10/04/2004			L04000071788		
3. Date of filing/registration in Florida			4. Document num	ber	
5. The name of the regis Florida Department o		gistered offic	e address as shown o	n the records of the	
	Phil	ip H. Ward, III,	Esq.	ھے	
Name				30 8 A	
4420 Beacon Circle					
		Address		至一	
		Palm Beach, FL		SOE OF THE	
	Cit	ty, State and 2	Z ıp	第 至 〇	
6. The name and address	s of the new registered	l agent and/or	office:	9. 2 F STP	
	Corpora	ation Service Co	mpany	200	
		Name		77	
	12	201 Hays Street			
	Florida street addr	ess (P.O. Box	(NOT acceptable)		
	Tallahassee	FL	32301		
	City	, State and Zi	p		
If the limited liability co- confirmed that after the and the business office of liability company, it is hof the members of the li- or the operating agreement.	change or changes are of the registered agent ereby confirmed that imited liability compa- ent of the limited liabi	e made, the Fl will be ident the change(s) ny or as other lity company	orida street address of ical. Or, in the case of was/were authorized wise provided in the	of the registered office of a Florida limited lby an affirmative vote	
Dante Massaro, Vice Preside	ent				
(Printed or typed name of signe	e)		**		
I hereby accept the app comply with the provisic and I am familiar with a Chapter 608, F.S. Or, ij address, I hereby confir	ointment as registerea ons of all statutes relai nd accept the obligati f this document is bein n that the limited liab	d agent and a tive to the pro ions of my pos ig filed to mei ility company	gree to act in this cap oper and complete pe sition as registered a rely reflect a change has been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.	

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

(Signature of Registered Agent) Jacqueline M. Giles, AVP