

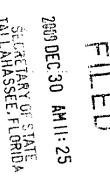
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M. THOMAS

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EXAMINER

COVER LETTER

Registration Section

TO:

Division of Corporations AVE MARIA NURSERY LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Richard L. Richards Name of Person Richards & Associates Firm/Company 232 Andalusia Avenue, Suite 202 Address Coral Gables, Florida 33134 City/State and Zip Code rrichards@richpa.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Richard Richards Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: MAILING ADDRESS: **Registration Section** Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$55 Filing Fee & Certified Copy ✓ \$25 Filing Fee

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. Name of the limited liability company:	AVE MARIA NURSERY LLC		
2. (a) Principal office address of limited liability company:			
(Note: MUST BE STREET ADDRESS)	815 N HOMESTEAD BLVD 512 HOMESTEAD FL 33030		
(b) Mailing address of limited liability company:			
(Note: MAY BE POST OFFICE BOX)	815 N HOMESTEAD BLVD 512 HOMESTEAD FL 33030		
10/31/2006	L06000106036		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on the records of the Floridar Dept of States			
Registered Agent:	Corporate Creations Network Inc.		
Registered Office Address:	11380 PROSPERITY FARMS RD #221E PALM BEACH GARDENS FL 33410 US		
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:			
NEW Registered Agent:	Richard L. Richards		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Richards & Associates 232 Andalusia Avenue, Suite 202 Coral Gables ,FL33134		
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the limited liability company or as of the operating agreement of the limited liability company or as of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability or an operating agreement of the limited liability or agreement of the lim	ne Florida street address of the registered office dentical. Or, in the case of a Florida limited yets) was/were authorized by an affirmative vote		

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Richard L. Richards, as authorized representative

Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent