729389

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **LIME BAY CONDOMINIUM, INC. NO. 2**
(Name of corporation)

DOCUMENT NUMBER: 729389

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Donnelly
(Name of person)

Castle Management, Inc.
(Name of firm/company)

P.O. Box 189013
(Address)

Plantation, Fl. 33318
(City/state and zip code)

900007944059--1
-09/23/02--01038--013
*****35.00 *****35.00

For further information concerning this matter, please call:

Suzanne Anderson at (954)792-6000 ext. 260
(Name of person) (Area code & daytime telephone number)

Enclosed is a $35.00 check made payable to the Department of State.

FILED
02 SEP 23 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Suzanne Anderson
Authorized changes
ON Form 10/4/02 TA

RA/RO change
TA 10/4/02

CR2E045(07/02)

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, this statement of change is submitted for a corporation organized under the laws of the State of ***Florida*** *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: LIME BAY CONDOMINIUM, INC. NO. 2

2. The principal office address: **C/o Castle Management, Inc. 4450 W. Sunrise Blvd., Ste C-100 Plantation, Fl. 33313.**

3. The mailing address (if different): **Castle Management, Inc. P. O. Box 189013 Plantation, Fl. 33318.**

4. Date of incorporation/qualification: **04/18/1974** Document Number: **729389**

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

James B. Miles
% CONSOLIDATED COMMUNITY MGMT
10034 W. MCNAB RD.
TAMARAC, FL 33321

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CASTLE MANAGEMENT, INC.

4450 W. SUNRISE BLVD., SUITE C-100

PLANTATION, FL. 33313

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, or the corporation has been notified in writing of the change.

(Signature of an officer, chairman or vice chairman of the board)

PETER RIOS PRESIDENT
(Printed or typed name and title)

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. Or, if this document is being filed merely to reflect a change in the registered office address I hereby confirm that the corporation has been notified in writing of this change.

(Signature of Registered Agent)

Sept 12 02
(Date)

If signing on behalf of an entity:

Robert Donnelly
(Typed or Printed Name)

Vice President
(Capacity)

FILED
02 SEP 23 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. Box 6327, TALLAHASSEE, FL 32314