

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

Office Use Only



500134070075

08/08/08--01007--020 **35.00

OB AUG -8 AM IO: 48
SECKETAKY OF STATI
TALLAHASSEF FLORIC

COVER LETTER

TO:

INHS04 (01/06)

Registration Section

Division of Corporations SUBJECT: LG Enterprises of Naples, LTD (Name of Limited Partnership or Limited Liability Limited Partnership) DOCUMENT NUMBER: A00000002077 The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Joyce Thornton, CPA (Contact Person) Barron Collier Companies (Firm/Company) 2600 Golden Gate Parkway (Address) Naples, FL 34105 (City, State and Zip Code) For further information concerning this matter, please call: Joyce Thornton at (239) 262-2600 (Area Code and Daytime Telephone Number) (Name of Contact Person) Enclosed is a \$35.00 check made payable to the Florida Department of State. STREET ADDRESS: **MAILING ADDRESS:** Registration Section **Registration Section Division of Corporations Division of Corporations** P. O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

change its registere	su office of registered agent, of	botti, iii the state of Florida.		
1. LG Enterpr	ises of Naples, LTD			
· · · · · · · · · · · · · · · · · · ·		mited Liability Limited Partnership		
_{2.} Mar 24, 2008		3. A00000002077	7	
Date of filing/registration in Florida			Florida document number	
4. The name of the r Department of State:		office address as shown on the reco	rds of the Flor	rida
	Paul J. Marinelli		ı	
	Na	me	SE	80
	2600 Golden Gate	Parkway	ER	AUG
	Add	ress	ASE I	18
Naples, FL 34105			352 C	
	City, Stat	e and Zip	m a	
5. The name and Flo	orida street address of the new reg	istered agent and/or office:	STAT	AH IU: HA
	Bradley A. Boaz		\$m	α
	Na	me		
	2600 Golden Gate	Parkway		
	Florida street address (P			
	Naples	_{FL} 34105		
	City, Stat			
6. Such change(s) is	/are effective when filed by the F	lorida Department of State.		
Hamor	/	,		
Signature of General	<u>*</u>			
_				
comply with the prov		nd agree to act in this capacity. I fur e proper and complete performance position as registered agent.		
Signature of Register	ree Agent			
Filing Fee: Certified Copy (\$35.00 optional): \$52.50			