

A 01000000253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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(Business Entity Name)

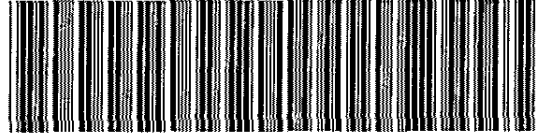
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JM RA
Ch



8226 NORTH WICKHAM ROAD, SUITE 200
MELBOURNE, FLORIDA 32940

321-242-9917 T
321-242-9536 F

July 13, 2005

Florida Department of State
Amendment Section
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

RE: La Mirada Gardens, Ltd.
Doc #A01000000253

Please be advised that both the principal address and mailing address of the above referenced Florida Limited Partnership have changed.

I have also enclosed a Statement of Change of Registered Agent, as well as our check in the amount of \$35.00 to cover the filing fee.

Please don't hesitate to call me at 321-242-9917 if you have any questions or need additional information.

Sincerely,

Renée Sandell

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. La Mirada Gardens, Ltd.

Name of the limited partnership

2. 02/20/2001

Date of filing/registration in Florida

3. A01000000253

Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Renée Sandell

Name

1103 West Hibiscus Boulevard, Suite 408

Address

Melbourne, FL 32901

City, State and Zip

5. The name and address of the new registered agent and/or office:

Transom Development, Inc.

Name

8226 North Wickham Road, Suite 200

Florida street address (P.O. Box not acceptable)

Melbourne

FL 32940

City, State and Zip

6. Such change(s) was/were authorized by the general partners.

98-02 CDC MANAGER, L.L.C.

[Signature] V.P.

Signature of General Partner

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

TRANSOM DEVELOPMENT, INC.

[Signature]

Signature of Registered Agent

**Make checks payable to Florida Department of State and mail to:
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00**

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TALLAHASSEE, FLORIDA
DEPT. OF STATE