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HM

HENDERSON & MAXWELL, P.A.

July 18, 2005

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sir/Madam:

Enclosed for filing with your office are change of address of registered agent forms and checks for filing fees relative to the entities listed below:

\$35.00
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Florida Department of State Division of Corporations July 18, 2005 Page 2

Montecito Travini, Inc.	\$35.00
Montecito Uno Lago, Inc.	\$35.00
Montecito Bella Vista, Inc.	\$35.00
Montecito Construction Company, Inc.	\$35.00
Montecito Anastasia Island, Inc.	\$35.00
The Montecito Venetian, Inc.	\$35.00
Montecito Property Company, LLC	\$25.00
Montecito Investment Company, LLC	\$25.00
Montecito Provence, LLC	\$25.00
Montecito Canyons, LLC	\$25.00
Montecito Country Club, LLC	\$25.00

Should you have any questions, please do not hesitate to call me. Thank you for your assistance in this matter.

Very truly yours,

Douglas R. Maxwell

Sneps R. Muxuel

DRM/dw Enclosures

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. Montecito Scotts	dale Cove, LLLF	5			_
	1	Name of the limit	ed partnership		_
2. 01/14/05		3A0	5000000128		
Date of filing/regi	istration in Florida	———	Document number	assigned	
4. The name of the reg	••	•	ffice address as shown o	n the records of the Flo	rida
	Douglas R. Ma			-	
	4309 Pablo Oa	Nam aks Court, S	-		
		Address		•	
Jacksonville, FL 32224				0	IJ.,
City, State and Zip					SECRE
5. The name and address of the new registered agent and/or office:		JUL 21	, 977 977		
<u>[</u>	Douglas R. <u>M</u> axv	vell			2 주유 ⁽
-		Name			3 88 S
1	10739 Deerwood	d Park Boule	evard, Suite 200A		· 景
•	Florida stree	et address (P.O.	Box not acceptable)		∍ ∺
J	acksonville	FI	32256		
6. Such change(s) was/	/were authorized by	City, State a the general p			
Signature of General Partner	Markell		VP & Asst Sec of Mo General Partner	ntecito Scottsdale Cov	e, Inc.,
with the provisions of	all statutes relative it the obligations of i ige in the registered	to the proper	gree to act in this capacit and complete performa registered agent. Or, if ss, I hereby confirm that	nce of my duties, and	I am
Drylas R.	Marjarell		_		
Signature of Registered Ager	nt				

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