B07000000026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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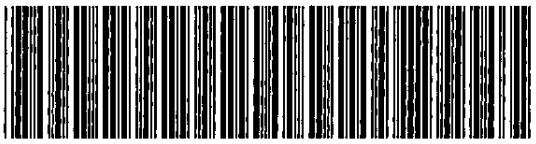

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section
Division of Corporations

**SUBJECT:** Ginn-LA Briar Rose Holdings Ltd., LLLP
(Name of Limited Partnership or Limited Liability Limited Partnership)

**DOCUMENT NUMBER:** B07000000026

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:

Charles P. DeMartin
(Contact Person)

The Ginn Companies, LLC
(Firm/Company)

1 Hammock Beach Parkway
(Address)

Palm Coast, FL 32137
(City, State and Zip Code)

For further information concerning this matter, please call:

Charles DeMartin at ( 386 ) 246-5857
(Name of Contact Person) (Area Code and Daytime Telephone Number)

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

**STREET ADDRESS:**
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**MAILING ADDRESS:**
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

INHS04 (01/06)

**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.

1. Ginn-LA BriarRose Holdings Ltd., LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 01/22/2007
Date of filing/registration in Florida

3. B07000000026
Florida document number

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

C T CORPORATION SYSTEM
Name

1200 SOUTH PINE ISLAND ROAD
Address

PLANTATION FL 33324
City, State and Zip

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

Charles P. DeMartin
Name

1 Hammock Beach Parkway
Florida street address (P.O. Box not acceptable)

Palm Coast FL 32137
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Robert F Master
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 an accept the obligations of my position as registered agent.*

Charles P. DeMartin
Signature of Registered Agent

**Filing Fee:** **$35.00**
**Certified Copy (optional):** **$52.50**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA