L 0000000 1439

(Re	questor's Name)	
annon Int 1301 Oliv t. Louis, N	ernatio e Blvd	
(Cit	y/State/Zip/Phone	#)
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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04/08/05--01029--003 **25.00

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is:

Poinciana Lakes, LLC

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1. The name of the limit	ed liability company is:	Poinciana Lakes, LLC	
The mailing address oSt. Louis, MO 63141	f the limited liability co	mpany is : 11301 Olive Boulevard	
2/9/00		L0000001439	-
3. Date of filing/registrat	tion in Florida	4. Document number	
5. The name of the regist Florida Department of		tered office address as shown on the records of the	
	6763 SW 88th Stre	Name et	
	Miami, FL 33156	Address	

City, State and Zip

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

Sybil C. Field	77.EE	05
Name 9150 SW 87th Avenue, Suite 201	2.2 4.6 28.4	APR.
Florida street address (P.O. Box NOT acceptable)		သော်
Miami, FL 33176 _{FL}	9 F	
City, State and Zip	PATE PROA	

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

Robert Greene

(Printed or typed name of signee)

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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

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

FILING FEE: \$25.00