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ELLE TENTES

FR-I MI

March 28, 2005

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

Re: Quail Hollow Farm, L.L.C.

Dear Sir/Madam:

On behalf of our client, Quail Hollow Farm, L.L.C., enclosed please find duplicate originals of a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company together with a check for \$25.00 in payment of your filing fee. Please return a stamped copy of the forms to the undersigned.

Myron Kantor

MK/zl Enclosures

cc: Mrs. Beverly A. Kost

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.

•	t the limited liability com	ipany is:	2506 Hollyberry Lar	ne, Palm (City,
Florida 33490					
March 10, 2000			L00000002763		
3. Date of filing/registration in Florida			4. Document number		
. The name of the registe Florida Department of	ered agent and the register State:	red office	address as shown on the r	records of th	ie
•	CT Corporation Sy	/stem			
		Name	m, 1200 S. Pine Isla	bood bee	
	_ 	ddress	iii, 1200 5. Pitie 1518	and Road	
	Plantation, FL 33				
	City, St	tate and Z	ip	至於	95
. The name and address	of the new registered age	nt and/or o	office:		Pg
•	W. Kost, Inc.				05 APR -1 AMII: 3
	Na	ame		Tic	172
	4175 Martin High			S	
	Florida street address (P.O. Box	NOT acceptable)	F FLORIDA	ယ်
	Palm City	FL 349	90	`⊅	
	City, Sta	te and Zip	<u> </u>		
onfirmed that after the claud the business office of ability company, it is here members of the limite the operating agreement of the limite operations agreement	hange or changes are mad	ie, the Flo be identic hange(s) v otherwise	ws of the State of Florida, rida street address of the ral. Or, in the case of a Florida was/were authorized by an a provided in the articles o	registered of	fice
Beverly A. Kost					
Printed or typed name of signee)	intment as registered age is of all statutes relative to d accept the obligations of his document is being file that the limited liability				

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

FILING FEE: \$25.00

INHS18(10/99)