CT CORPORATION

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Pine View, LLC			 J242778
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() Profit () Nonprofit	() Amendment	() Merger	
() Foreign	() Dissolution/Withdrawal () Reinstatement	() Mark	
() Limited Partnership () LLC	() Annual Report () Name Registration () Fictitious Name	() Other (X) Change of RA	
() Certified Copy	() Photocopies	() UCC (X) CUS	02 FEB
() Call When Ready (x) Walk In () Mail Out	() Call If Problem () Will Wait	() After 4:30 (x) Pick Up	ARY HE AN
Name Availability Document	2/27/02	Order#: 5151358	8: 35 STATE ORIDA
Examiner Updater Verifier		Ref#:	
W.P. Verifier	31A18 RU 143 2W 17A909700 Augo, R 13922	MINATIO TO ROSINII TO ROSINII	·

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615 OS LEB SY PAIS: 17



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 27, 2002

CT CORPORATION SYSTEM

SUBJECT: PINE VIEW, LLC Ref. Number: L00000002796

We have received your document for PINE VIEW, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following:

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please calf (850) 245-6025.

Trevor Brumbley Document Specialist

Letter Number: 802A00012081

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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 limit	ed liability company is: Pine View, LLC
2. The mailing address o	f the limited liability company is: 8889 Pelican Bay Blvd, Suite 402
Naples, FL 34	108
3//3/00 3. Date of filing/registrat	ion in Florida LODO ODO 2796 4. Document number
5. The name of the registe Florida Department of	ered agent and the registered office address as shown on the records of the
	Hamilton Manageemnt Services, Inc.
	Name 8889 Pelican Bay Blvd., Suite 402
	Address Naples, FL 34108 ≥∞ ©
	City, State and Zip
6. The name and address of	of the new registered agent and/or office: FO20000004
	The von Liebig Office, Inc.
	Name 8889 Pelican Bay Blvd., Suite 403
	Florida street address (P.O. Box NOT acceptable)
	Naples, FL 34108
•	City, State and Zip
and the business office of liability company, it is her the members of the limited	pany is not organized under the laws of the State of Florida, it is hereby ange or changes are made, the Florida street address of the registered office the registered agent will be identical. Or, in the case of a Florida limited eby confirmed that the change(s) was/were authorized by an affirmative vote of a flability company or as otherwise provided in the articles of organization or the limited liability company.
Linda A. Hamilton,	Manager
(Printed or typed name of signee)	
and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm The von Liedie Office (Signature of Registered Agent)	2 1 The
Hamilton, Preside	of Corporations, P.O. Box 6327, Tallahassee, FL 32314
INHS18(10/99)	FILING FEE: \$25.00