

CT CORPORATION

CORPORATION(S) NAME

L000000016180

Palm Springs Pines, LLC

300005024273--1  
-02/27/02--01052--026  
\*\*\*\*\*30.00 \*\*\*\*\*30.00

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|--|---|--|
| <input type="checkbox"/> Profit              | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger                  |
| <input type="checkbox"/> Nonprofit           |   |  |
| <input type="checkbox"/> Foreign             | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark                    |
|  | <input type="checkbox"/> Reinstatement          |  |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Other                   |
| <input type="checkbox"/> LLC                 | <input type="checkbox"/> Name Registration      | <input checked="" type="checkbox"/> Change of RA |
|  | <input type="checkbox"/> Fictitious Name        | <input type="checkbox"/> UCC                     |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Photocopies            | <input checked="" type="checkbox"/> CUS          |
| <input type="checkbox"/> Call When Ready     | <input type="checkbox"/> Call If Problem        | <input type="checkbox"/> After 4:30              |
| <input checked="" type="checkbox"/> Walk In  | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up      |
| <input type="checkbox"/> Mail Out            |   |  |

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

2/27/02

Order#: 5151358

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 FEB 27 AM 8:33

APPROVED  
AND  
FILED

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

RECEIVED  
02 FEB 27 PM 12:17  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

24-82-2  
2-28-02



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

February 27, 2002

CT CORPORATION SYSTEM

SUBJECT: PALM SPRINGS PINES, LLC  
Ref. Number: L00000016180

We have received your document for PALM SPRINGS PINES, 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 or your filing will be considered abandoned.

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

Trevor Brumbley  
Document Specialist

Letter Number: 302A00012080

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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APPROVED  
AND  
FILED

**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: Palm Springs Pines, LLC
2. The mailing address of the limited liability company is: 8889 Pelican Bay Blvd, Suite 402  
Naples, FL 34108

3. Date of filing/registration in Florida 12/28/00
4. Document number LC00000016180

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

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 the new registered agent and/or office:

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

02 FEB 27 AM 8:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

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.

Linda A. Hamilton  
(Signature of a member or authorized representative of a member)

Linda A. Hamilton, Manager

(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*

The von Liebig Office, Inc.

(Signature of Registered Agent)

By: Linda A. Hamilton, President  
**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**