L-0100005045

(Re	questor's Name)	<u> </u>
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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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. Name of the limited liability company: TRAIL PLAZA SHOPPIN	G CENTER, L.L.C.	. <u></u>
2. (a) Principal office address of limited liability company:	1004 North Lockwood Ridge Road	
(Note: MUST BE STREET ADDRESS)	Unit A	
	Sarasota, Florida 34237	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Same as Above	
04/02/2001	L01000005045	
3. Date of filing/registration in Florida	Document number	
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept	t. of State:
Registered Agent:	Jeffrey S. Russell	
Registered Office Address:	240 S. Pineapple Avenue, 8th Floor	平 三
registered Office Address.	Sarasota, Florida 34236	mig.
		- Albert Parkers
		155 N T
(b) Enter name of NEW Registered Agent and/or NEW	V Registered Office address	P I
NEW Registered Agent:	Jan W. Pitchford	
NEW Pagistared Office Address:	240 S. Pineapple Avenue, 10th Floor	E
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	240 G. Filleappie Avende, Todi Filosi	727 (M) (M)
	Sarasota ,FL 34236	
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Floand the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	orida street address of the reg cal. Or, in the case of a Flori was/were authorized by an af	istered office da limited firmative vote of
Printed or typed name of signee	2	
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my pos Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	gree to act in this capacity. I per and complete performant ition as registered agent as p ely reflect a change in the re has been notified in writing o	further agree to se of my duties, vrovided for in gistered office of this change.
Division of Corporations, P.O. Box 632		