L01000009215

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P.O. Box 218 MATLACHA, FL 33993

January 8, 2004

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

Please find enclosed a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company and a check in the amount of \$25.00 for Little Keye, LLC. Please note that in addition to the change of registered agent and office we will also need to change the mailing address. The new mailing address should be changed to: P.O. Box 218

Matlacha, FL 33993

Thank you for your assistance in this matter and if you have questions regarding this request please contact me at (239) 281-6487.

Sincerely,

Marcia Self-Perry

DIVISION OF CORPORATION

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 limite	d liability company i	is: Little Keye,	LLC	
2. The mailing address of	the limited liability	company is: P.0	O. Box 429	Fort Myers, FL 33902
06/08/2001		· · · · · · · · · · · · · · · · · · ·	L010000092	 215
3. Date of filing/registration in Florida		4. Document number		
5. The name of the register Florida Department of S	red agent and the reg State: Shifflette, Johann 1767 Liewellyn D	na M Name	dress as show	n on the records of the
	Fort Myers, FL 3	Address 3901 y, State and Zip		O4 JAH 12
6. The name and address of	of the new registered	agent and/or offic	ce:	FILE FCC 12
Marcia Self-Perry				골 ^공 무다
Name 4112 NW 11th Street			STATE US OF THE STATE OF THE ST	
•	Florida street addre	ess (P.O. Box NO	T acceptable	· · · · · · · · · · · · · · · · · · ·
	Cape Coral,	_{FL} 33993		
	City,	State and Zip		^
If the limited liability comconfirmed that after the chand the business office of liability company, it is her the members of the limited the operating agreement of Signature of a member or authorized.	range or changes are the registered agent that the confirmed that the liability company of the limited liability	made, the Florida will be identical. he change(s) was/or as otherwise processor company.	a street addres	ss of the registered office
Charlie E Garcia				
(Printed or typed name of signee)				
Marcia Sel	ntment as registered s of all statutes related accept the obligation is being that the limited liabi	agent and agree ive to the proper of my position g filed to merely r lity company has	to act in this and complete as registered reflect a chan been notified	capacity. I further agree to performance of my duties, d agent as provided for in ge in the registered office l in writing of this change.
(Signature of Registered Agent)				

FILING FEE: \$25.00

INHS18(10/99)

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