## L0/000009703

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies \_\_\_\_ Certificates of Status Special Instructions to Filing Officer:

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TALLAHASSEE, FLORIDA

July 16, 2003

VIA Federal Express Standard Delivery

Department of State Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Re:

Corporate Filing for "Gemstone Golf, LLC"

In the State of Florida

Division of Corporations:

Attached please find Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for the above referenced entity. Kindly file this document on a Routine basis. Additionally, kindly obtain and provide us with proof of filing (both via fax and regular mail).

If you have any questions or require further information, please contact me as soon as possible. Additionally, please advise if you encounter any problems with this filing.

Sincerely,

Deborah Bottisti

Corporate Service Bureau Inc.

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY FILED

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.

		Gemstone Golf, LLC	PROTECT FLORIDA
I. The name of the limite	d liability company is:	40500 014444	LADASSEF, FEBRUA
2. The mailing address of	the limited liability co	mpany is : 10568 SW Who	ooping Crane way
Palm City, Florida 3499			
06/18/01		L01000009703	
3. Date of filing/registration in Florida		4. Document n	umber
5. The name of the registe Florida Department of S	red agent and the regist State: UCC Filing & Searc	tered office address as show th Services, Inc.	n on the records of the
	526 East Park Aver	Name nue	
	Tallahassee, FL 32	Address 301 State and Zip	<del>-</del>
6. The name and address of	•	•	
	Corporate Service E	Bureau Inc.	
	4775 Collins Avenu	Varne Ie, Suite 1607	_
•	Florida street address	(P.O. Box NOT acceptable	)
	Miami Beach	FL 33140	_
	City, S	tate and Zip	_
confirmed that after the chand the business office of liability company at is her	range or changes are mathe registered agent will be confirmed that the illiability company or a f the limited liability confirmed that the limited liability confirmed the liability confirmed		ss of the registered office se of a Florida limited zed by an affirmative yote of
David Osiecki, N	Manager		
(Printed or typed name of signee)			
I hereby accept the appoint comply with the provision and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered ag s of all statules relative l accept the obligations his document is being f that the limited liability ICIT	ent and agree to act in this to to the proper and complete t of my position as registered iled to merely reflect a chan y company has been notified	capacity. I further agree to performance of my duties, agent as provided for in ge in the registered office in writing of this change.
(Signature of Registered Agent)	1011	<del></del>	
Today to Asset	D D	Des 6235 Tellaharan K	FT 2221 <i>4</i>

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

INHS18(10/99)

FILING FEE: \$25.00