## L0100012105

(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:

Office Use Only



000009120480

11/25/02--01053--004 \*\*25.00

2002 NOV 25 AM 9: 55

2002 NOV 25 AM 9: 55

DV. JCN OF SORPCRATIONS
DV. JCN OF SORPCRATIONS

## CFRA, LLC

## Registered Agent Services A Subsidiary of Carlton Fields

ONE HARBOUR PLACE, 5<sup>TH</sup> FLOOR 777 S. HARBOUR ISLAND BOULEVARD TAMPA, FLORIDA 33602-5730 MAILING ADDRESS:
 P. O. BOX 3239
 TAMPA, FLORIDA 33601-3239
 TEL (813) 223-7000 FAX (813) 229-4133

November 21, 2002

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

Re: Registered Agent Statement of Change

Gentlemen:

Please find enclosed statement of change for the registered agent of The Connie III Skyhawk, LLC.

Also enclosed is Carlton Fields' check no. 306087 in the amount of \$25.00 for the payment of the filing fees of the above-described statement of change.

Very truly yours,

Jóycé F/Bentubo Administrative Assistant

jfb

Enclosures

## 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: The Conne II Skyhowk, LLG
2. The mailing address of the limited liability company is: 601 TOMAHAWK TRAIL.
2. The maining address of the hinned hability company is:
BRANDON, FL 33511-8087
7(23)01 L010000(2105
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State CRISTIN A. GIESER
Name 777 S. HARBOUR ISLAND BLVD.  Address TAMPA, FL 33602-5730 City, State and Zip  6. The name and address of the new registered agent and/or office:  CFRA, LLC Name
6. The name and address of the new registered agent and/or office:
CFRA, LLC  Name  777 S. HARBOUR ISLAND BLVD.  Florida street address (P.O. Box NOT acceptable)  TAM PA, FL 33602-5730
City, State and Zip
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 hability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.
(Signature of a member or authorized representative of a member)
Neode R. Deane.
(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.
(Signature Registered Agent) Tefer J. Winders 11-21-02
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00** 

INHS18(10/99)