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Address					
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City/State/Zip Phone #	5 2				
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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.

agent, or both, in the 3	idie of Piorida.			
1. The name of the lim	ited liability company is:	COURTYA	RD MILLPOND OPERATIO	NS, L.L.C.
2. The mailing address	of the limited liability co	mpany is :	5922 Cattlemen Lane	e, Suite 203 .
			Sarasota, FL 34232	
Angust 2/	2001		L01000014690	
August 24, 2001 3. Date of filing/registration in Florida			4. Document number	
• •	stered agent and the regist	tered office	address as shown on the r	ecords of the
	Gerald A. Dechow	<i>a</i>		
		Name		
	5922 Cattlemen L	Lane, Sui	te 203	
	Sarasota, FL 342	232		≥¥ 0
	City,	State and Z	ĭp	0 52
6. The name and address	s of the new registered ag	gent and/or	office:	DEC 26 CRETARY AHASSE
	Ted E. Mack			. بات
	N	Vame		
	803 N. Calhoun S	Street		9: OR OR
	Florida street address	(P.O. Box	NOT acceptable)	50 Alba
	Tallahassee	FL 3230	3	
	City, St	ate and Zip		
confirmed that after the and the business office liability company, it is the members of the limithe operating agreement	change or changes are may of the registered agent will be the distribution of the limited liability company or a cof the limited liability company.	ade, the Flo I be identic change(s) v s otherwise mpany.	ws of the State of Florida, rida street address of the real. Or, in the case of a Flowas/were authorized by an provided in the articles of	egistered office rida limited affirmative vote of
Signature of a member or auth	orized representative of a member	')		
Camald A Nasher				
Gerald A. Dechow (Printed or typed name of signs	e)		· And the second of the second	-
` ,	, in the second	6	an to not in this comit:	I finithay agree to
t nereby accept the app comply with the provision	oiniment as registered ago ons of all statutes relative	ent ana agr to the prop	ee to act in this capacity. er and complete performa	nce 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 of Registered Agent)

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

FILING FEE: \$25.00

INHS18(10/99)