

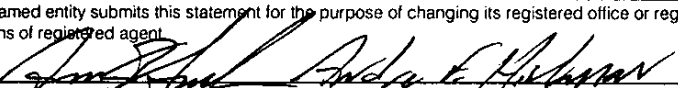
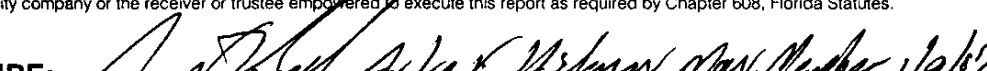


**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

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|---|--|---|--|---|--|
| <b>DOCUMENT # L01000018572</b>  |  |  |  | 01-19-2007 90062 049 ****50.00  |  |
| 1. Entity Name<br><b>ANDOVER, LLC</b>   |  |   |  |   |  |
| Principal Place of Business<br><b>200 VALENCIA DRIVE<br/>MAITLAND, FL 32751 US</b>  |  | Mailing Address<br><b>P O BOX 1618<br/>MAITLAND, FL 32794 US</b>                  |  |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>1801 Lee Road</b>  |  | 3. Mailing Address<br><b>P.O. Box 941618</b>                                      |  |   |  |
| Suite, Apt. #, etc.<br><b>Suite 200</b>   |  | Suite, Apt. #, etc.   |  | 01042007 Chg-LLC CR2E083 (12/06)  |  |
| City & State<br><b>Winter Park, FL</b>  |  | City & State<br><b>Maitland, FL</b>   |  | 4. FEI Number<br><b>59-3752005</b>  |  |
| Zip<br><b>32789</b>   |  | Country<br><b>USA</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| Zip<br><b>32794</b>   |  | Country<br><b>USA</b>   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><b>HICKMAN, ANDRE F<br/>200 VALENCIA DRIVE<br/>MAITLAND, FL 32751</b>  |  |   |  | 7. Name and Address of New Registered Agent<br>Name<br><b>1801 Lee Road, Suite 200</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><b>Winter Park FL 32789</b> |  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.<br>SIGNATURE  <b>1/9/07</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |   |  |   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>   |  | <b>Make check payable to<br/>Florida Department of State</b>                      |  |   |  |
| 9. MANAGING MEMBERS/MANAGERS  |  |   |  | 10. ADDITIONS/CHANGES   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>MGR<br/>HICKMAN, ANDRE F<br/>200 VALENCIA DRIVE<br/>MAITLAND, FL 32751</b>   |  |   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>1801 Lee Road, Suite 200<br/>Winter Park, FL 32789</b>   |  |
| <input type="checkbox"/> Delete   |  |   |  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |
| <input type="checkbox"/> Delete   |  |   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |
| <input type="checkbox"/> Delete   |  |   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
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| <input type="checkbox"/> Delete   |  |   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
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| <input type="checkbox"/> Delete   |  |   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.<br>SIGNATURE:  <b>1/9/07 (407) 629-1688</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> |  |   |  |   |  |