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Taylor Woodrow 877 Executive Center Dr. W., Suite 205 St. Petersburg, FL 33702-2472 Taylor Woodro (Address) (City/State/Zip/Phone #) PICK-UP MAIT MAIL (Business Entity Name) (Document Number) Certified Copies \_\_\_ Certificates of Status Special Instructions to Filing Officer:

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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.

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		aylor Woodrow Communities At Shadow Wood	16
2. The mailing address of	the limited liability compa	any is: 8430 Enterprise Circle, Suite 100,	<u></u>
Bradenton, FL 34202-4			/ B.
12/12/01		L01000021529	_
3. Date of filing/registration	on in Florida	4. Document number	
5. The name of the registe Florida Department of S	State: Keith E. Bass	d office address as shown on the records of the	
	Na 8430 Enterprise Circle,	me Suite 100	`
	Bradenton, FL 34202-4	lress 1108 e and Zip	چږ پ
6. The name and address of	of the new registered agent	and/or office:	
	Marc I. Spencer		
	877 Executive Center I	Prive W., Suite 205	
•	Florida street address (P.	O. Box NOT acceptable)	
	St. Petersburg, FI	33702-2472	
	City, State	and Zip	
confirmed that after the ch and the business office of liability company, it is her the members of the limited the operating agreement of	ange or changes are made, the registered agent will be eby confirmed that the chall liability company or as of the limited liability comp	er the laws of the State of Florida, it is hereby the Florida street address of the registered office identical. Or, in the case of a Florida limited nge(s) was/were authorized by an affirmative vote of therwise provided in the articles of organization or any.	f
(Signature of a member or authority	zed representative of a member)		
C. Alexander Bratt, Vic	e President		
(Printed or typed name of signee)			
I hereby accept the appoing comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered agent is of all statutes relative to the soligations of the control of the	and agree to act in this capacity. I further agree to he proper and complete performance of my duties, my position as registered agent as provided for in to merely reflect a change in the registered office mpany has been notified in writing of this change.	
(Signature of Registered Agent)			

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

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