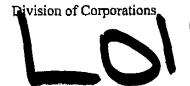
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**Division of Corporations** Public Access System

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(((H07000294986 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

: BERGER SINGERMAN - FORT LAUDERDALE Account Name

Account Number : I20020000154 : (954)525-9900 Phone Fax Number : (954)523-2872

## REGISTERED AGENT CHANGE

## LEVITT HOMES BELLAGGIO PARTNERS, LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$35.00 |

Electronic Filing Menu

Corporate Filing Menu

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HO7000294982

## 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.  |             |
|---|-------------|
| The name of the limited liability company is: Levitt Homes Ballaggio Partners, LLC  |             |
| 2. The mailing address of the limited liability company is : 2200 West Cypress Creek Road   |             |
| Ft. Lauderdale, FL 33309  |             |
| December 18, 2001   |             |
| 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:   |             |
| CT Corporation System   | _           |
| Name 1200 South Ring Inland Road  | <u>&lt;</u> |
| Plantation, FL 33324 City, State and Zip  |             |
| Plantation, FL 33324  |             |
| City, State and Zip   | - T         |
| 6. The name and address of the new registered agent and/or office:  |             |
| BSPA Corporate Services, Inc.   |             |
| Name  |             |
| 350 E. Las Olas Bivd., Suite 1000  Florida street address (P.O. Box NOT acceptable)   | -           |
| Profited street address (F.O. DOX NOT acceptable)   | •           |
| Ft. Lauderdale Ft. 33301  |             |
| City, State and Zip   | ٠           |
| 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 liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. |             |
| (Signature of a membar or authorized representative of a member)  |             |
| formitting at a Mampar or Williams debisactivities of a member)   |             |
| (Printed or typed name of signes)   |             |
| 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 auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter Old, F.S. Or, if this document is being filled 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 (8/05)