

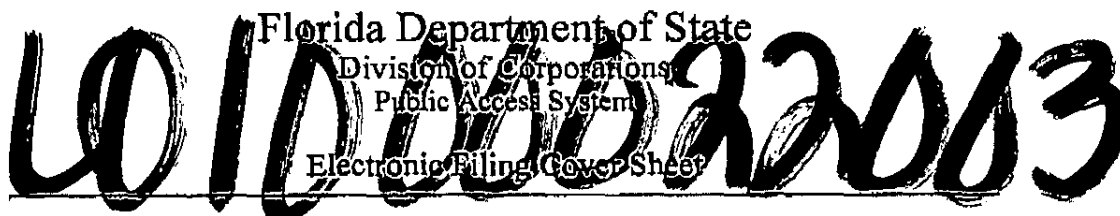
DEC-07-2007 FRI 05:09 PM

FAX NO.

P. 31

Division of Corporations

Page 1 of 1



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H07000295006 3)))



H070002950063ABC9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : BERGER SINGERMANN - FORT LAUDERDALE
Account Number : 120020000154
Phone : (954) 525-9900
Fax Number : (954) 523-2872

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 DEC 10 AM 8:50

FILED

REGISTERED AGENT CHANGE

SUMMERPORT BY LEVITT AND SONS, LLC

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

RECEIVED
2007 DEC 10 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DB

Electronic Filing Menu

Corporate Filing Menu

Help

12/10

H07000295006

**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: Summerport by Levitt and Sons, LLC
2. The mailing address of the limited liability company is : 2200 West Cypress Creek Road
Ft. Lauderdale, FL 33309

- December 18, 2001 L01000022003
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 Pine Island Road
Address
Plantation, FL 33324
City, State and Zip

6. The name and address of the new registered agent and/or office:

BSPA Corporate Services, Inc.
Name
350 E. Las Olas Blvd., Suite 1000
Florida street address (P.O. Box NOT acceptable)
Ft. Lauderdale FL 33301
City, State and Zip

FILED
07 DEC 10 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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]
(Signature of a member or authorized representative of a member)

SETH WISE
(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 hereby reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

BY: [Signature]
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

INHS18 (8/05)

LETTER 10/21/01