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Sep 06, 2005 8:00 am
Secretary of State

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DOCUMENT # L01000022257				Secretary of State	
1. Entity Name LATRELLE M. MADDOX, L.L.C.		09-06-2005 90047 009 ****50.00			
Principal Place of Business 8 JUNIPER CT AMELIA ISLAND, FL 32034		Mailing Address 8 JUNIPER CT AMELIA ISLAND, FL 32034			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09012005 Chg-LLC CR2E083 (10/03)	
City & State		City & State		4. FEI Number 25-4629349	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
AKEL, EDWARD C SUITE 2301 ONE INDEPENDENT DR JACKSONVILLE, FL 32202				Name Guy F. Maddox, Jr.	
				Street Address (P.O. Box Number is Not Acceptable) 8 Juniper Court	
				City Amelia Island FL Zip Code 32034	
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.					
SIGNATURE <u><i>Latrell Maddox</i></u> DATE <u>9/01/05</u> <small>(Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
Filing Fee is \$50.00 Due by September 7, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MADDOX, LATRELLE M 8 JUNIPER CT AMELIA ISLAND, FL 32034	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
SIGNATURE: <u><i>Latrell Maddox</i></u> DATE <u>9/01/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					