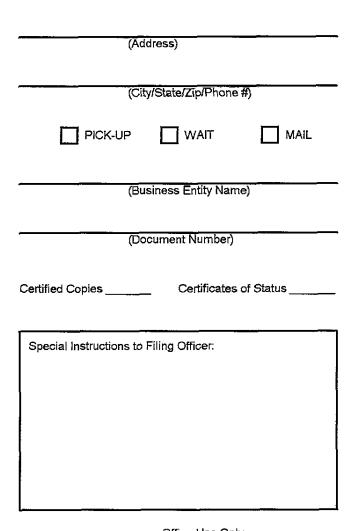
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Gannon International, Ltd. 11301 Olive Blvd St. Louis, MO 63141



Office Use Only



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05 APR 21 PM 1: 18

SECRETARY OF STATE
SECRETARY OF FLORIDA

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 limite	d liability company is: _	Bayridge Apartments, LLC	<u> </u>
2. The mailing address of	the limited liability com	pany is: 11301 Olive Bou	levard
St. Louis, MO 63141			
1/8/02		L0200000506	
3. Date of filing/registrati	on in Florida	4. Document nur	nber
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:			
	Sybil C. Field 6763 SW 88th Street	Name	FIL APR 2 CRETAB
	Miami, FL 33156	ddress tate and Zip	PM 1: 18 RY OF STATE SEE FLORIDA
City, State and Zip 6. The name and address of the new registered agent and/or office:			
	Sybil C. Field		~
	9150 SW 87th Avenu	ame ie, Suite 201	
•	Florida street address (P.O. Box NOT acceptable)	
	Miami, FL 33176	FL	
	City, Sta	te and Zip	•
confirmed that after the chand the business office of	tange or changes are made the registered agent will eby confirmed that the collision of the dilability company or as f the limited liability con	ider the laws of the State of File, the Florida street address be identical. Or, in the case hange(s) was/were authorized otherwise provided in the arnpany.	of the registered office
Robert Greene			
(Printed or typed name of signee)		•	
I hereby accept the appoint comply with the provision and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered age s of all statutes relative to accept the obligations this document is being filt that the limited liability	nt and agree to act in this ca o the proper and complete po of my position as registered o ed to merely reflect a change company has been notified in	pacity. I further agree to erformance of my duties, agent as provided for in in the registered office writing of this change.
(Signature of Registered Agent)		- -	

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

INHS18(10/99)

FILING FEE: \$25.00