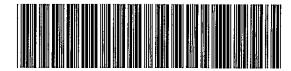
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(Remisetor's Norma)						
Barbara Guzman 7655 Steeplechase Dr West Palm Bch, FL 33418						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
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WQ-3215						





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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.

1.	The name of the limited liability company is:	Clearwater I	East Bay, LLC		
2.	The mailing address of the limited liability con	npany is : 76	55 Steeplechase	Drive,	
	Palm Beach Gardens, FL 33418	-			
F	ebruary 8, 2002	1	_02000003215		
3.	Date of filing/registration in Florida	4.	Document numbe	r	
5.	The name of the registered agent and the register Florida Department of State: Michael C Addison	ered office add	lress as shown on t	he records of	the
		Name , Suite 1100			
	Tampa, FL 33602	Address		3	0/
6.	The name and address of the new registered age	State and Zip ent and/or offi	ce:	2	04 APR 19
	Barbara Guzman				
	7655 Steeplechase	ame Drive			PH 3119
	Florida street address	(P.O. Box NC	T acceptable)		
	Palm Bch Gdns	FL 33418			. —
	City, St	ate and Zip			
co an lia th th	the limited liability company is not organized uponfirmed that after the change or changes are mand the business office of the registered agent will ability company, it is hereby confirmed that the determinent of the limited liability company or a see operating agreement of the limited liability company or a segment of a member of a mem	de, the Florida be identical change(s) was, s otherwise pr finpany.	a street address of t Or, in the case of : were authorized b	the registered a Florida limit y an affirmativ	office ted ve vote o
	Barbara Guzman				
•	Printed or typed name of signee)		44 47		woman to
	hereby accept the appointment as registered agomply with the provisions of all statutes relative and I am familiar with and accept the obligations hapter 608, F.S. Or, if this document is being fiddress, I hereby confirm that the limited liability	ent and agree to the proper of my position led to merely company has	io aci in this capa and complete perf n as registered age reflect a change in been notified in w	puy. I furingr ormance of my ent as provided the registered riting of this c	agree 10 v duties, d for in d office change.
(2	Signature of Registered Agent)				

FILING FEE: \$25.00

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

INHS18(10/99)