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™BOARD CERTIFIED REAL ESTATE LAWYER

*BOARD CERTIFIED CIVIL TRIAL LAWYER AND CERTIFIED MEDIATOR

ADDITIONAL JURISDICTIONS

"ADMITTED IN ILLINOIS
""ADMITTED IN U.S. VIRGIN ISLANDS
""ADMITTED IN MICHIGAN
"ADMITTED IN WASHINGTON, D.C.
"ADMITTED IN OHIO

MADMITTED IN OHIO
MILLIM, IN OCEAN AND COASTAL LAW
MILLIM, IN TAXATION
*ADMITTED IN WISCONSIN

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June 28, 2002

VIA CERTIFIED MAIL ~ RETURN RECEIPT REQUESTED

ARTICLE NO.: 7106-4575-1292-6015-4984

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

Re:

Half Moon Beach Club Residences, L.L.C.

To Whom it May Concern:

Enclosed please find a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for filing, together with a check in the amount of \$250000 for the filing fee.

Should you have any questions regarding this matter, please contact the undersigned.

Very truly yours,

ICARD, MERRILL, CULLIS, TIMM, FUREN & GINSBURG, P.A.

Talia R. Kohne

Assistant to Bruce P. Chapnick, Esq.

/trk

Enclosures

F:\USERS\BPC\CLIENTS\T\TALLMAN\HALFMOON.LLC\DEP-STAT.LTR

Z

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:	HALF Moon BEACH	CLUB RESIDEN	CES,LCC
		npany is : <u>8430 Ent</u>		
	_			
JUITE 100,	BRADENTUN,	FC 34302		
4/4/02		6020	0005/57	
3. Date of filing/registration	n in Florida	4. Document nur		· Properties of a
• -		4 - 6C	on the records of the	
5. The name of the registers Florida Department of S	ed agent and the registrate:	ered office address as shown	on the records of the	7- 1 - 1-19-7
1 1011da Deparativata 91 81	John R.	PESHKIN		
-				*** **
-	8430 ENTE	n. pp. 13 & C. 12 L2, # 11 Address . , FL 34202 State and Zip		
	B	Address		
-	City, S	State and Zip		3
6. The name and address of	f the new registered ag	ent and/or office:	02 JUL	<u> </u>
U. THO IMITO WILL WAS TOO			F	芝 森 :
_	James A. Tal		2	CAL.
		ame reet, Suite 6 <u>02</u>	2	중유급
-		(P.O. Box NOT acceptable)	PM 12: 00	ORA ORA
			00	
-	Sarasota,			<i>ত</i> i ~-
		ate and Zip		
and the second state of the second	he registered agent will be confirmed that the liability company or a the limited liability co	nder the laws of the State of ide, the Florida street address I be identical. Or, in the case change(s) was/were authorizes otherwise provided in the ampany.	AT THE REVISIERED UIT	ce rote of n or
(Signature of a member of authoriz	ed representative of a memocr	,		
(Printed or typed name of signee)	Grown II, C			
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm to	ntment as registered ag of all statutes relative daccept the obligation is document is being f that the limited liabilit	ent and agree to act in this cont to the proper and complete is of my position as registered iled to merely reflect a chang company has been notified	apacity. I further ag performance of my di agent as provided fo e in the registered of in writing of this cha	ree to ities, r in fice nge.
(Signature of Registered Agent)		 -		
-	of Cornorations P () Roy 6327 Tallahassee. Fl	L 32314	

FILING FEE: \$25.00

INHS18(10/99)