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| Certified Copies        | Certificates                                 | of Status |
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| Special Instructions to | Filing Officer:                              |           |
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

## AUSLEY & MCMULLEN

ATTORNEYS AND COUNSELORS AT LAW

227 SOUTH CALHOUN STREET P.O. BOX 391 (ZIP 32302) TALLAHASSEE, FLORIDA 32301 (850) 224-9115 FAX (850) 222-7560

June 8, 2006

Secretary of State's Office **Division of Corporations** 409 East Gaines Street Tallahassee, Florida 32301

RE:

Surrey Place of Bradenton, LLC Document Number L02000009432

Surrey Place of Lecanto, LLC Document Number L02000009431

Dear Sir or Madam:

Enclosed for filing are Statements of Change of Registered Office or Registered Agent or Both for Corporations for the above-referenced entities. Also enclosed are two checks for \$25.00 each to cover the filing fee for each entity.

Thank you for your assistance.

Sincerely,

Chris Vause

Secretary to Robert A. Pierce

/cv **Enclosures** u:\adm\sec of state - change ra.doc

## 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   | s: Surre  | y Place of Brade   | enton, LLC .   |
|---|--|---|--|--|
| 2. The mailing address of   |  | company is  | s: <u>2851 Remingto</u>  | on Green Circle,   |
| Tallahassee, Flo  | rida 32308   |   |  | ·  |
| 04/19/2002  |  | L02000009432  |  |  |
| 3. Date of filing/registration in Florida   |  | 4. Document number  |  |  |
| 5. The name of the register Florida Department of S   | ered agent and the reg<br>State:   | istered off   | ice address as shown   | on the records of the  |
| Υ   |  | D. Mitch  | ell  |  |
|   | 2851 Re  |   | Green Circle   | •<br>-   |
|   | Tallaha  | Address   | orida 32308  |  |
|   | City   | State and   | Zip  | - 1. B   |
| 6. The name and address of  | •  | •   | •  | SECRE SECRE  |
| Robert A. Pierce  |  | ASA TO  |  |  |
|   | 227 South Calhoun Street   |   | AN OF STATE  |  |
|   | Florida street addre   | ss (P.O. B  | ox NOT acceptable)   | ST S   |
|   | Tallahassee,   | FL  | 32302  | 岩石子  |
|   | City,  | State and   | Zip  | · · · · · · · · · · · · · · · · · · ·  |
| If the limited liability come confirmed that after the chand the business office of liability company, it is her of the members of the lim or the operating agreement | the registered agent verby confirmed that the transition of the limited liability companit of the limited liability.           | made, the vill be iden in change(y or as oth ty compar            | Florida street address<br>ntical. Or, in the case<br>s) was/were authorize   | s of the registered office<br>e of a Florida limited<br>ed by an affirmative vote  |
| Signature of a member or authori  | zed representative of a mem  | ber)  |  |  |
| Joseph D. Mitchell  |  |   |  |  |
| (Printed or typed name of signee)   |  |   |  |  |
| I hereby accept the appoing comply with the provision and I am familiar with and Chapter 608, F.S. Or, if the address of hereby confirm                               | ntment as registered<br>s of all statutes relati<br>d accept the obligatio<br>his document is being<br>that the limited liabil | agent and<br>we to the p<br>ns of my p<br>filed to m<br>ity compa | agree to act in this c<br>roper and complete t<br>osition as registered<br>erely reflect a chang<br>ny has been notified i | apacity. I further agree to<br>berformance of my duties,<br>agent as provided for in<br>e in the registered office<br>in writing of this change. |

(Signature of Registered Agent)