Division of Corporations

## Drida Department of State Drivision of Comparations Electropic Filling Cover Sheet

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	From:						
		Account Number	: 12010000000	2			
		Phone	: (888)705-72	74			
		Fax Number	: (888)706-72	74			
	**Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.						22
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	LLC REGISTERED AGENT CHANGE						
8	TAYLOR	WOODROW	COMMUNIT	TIES AT ST	. JOHNS FO	OREST, L.I	<u> </u>
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COVER LETTER

TO: Registration Section
Division of Corporations

TAYLOR WOODROW COMMUNITIES AT ST. JOHNS FOREST, L.L.C.

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Castillo
Name of Person
Registered Agent Solutions, Inc.
Firm/Company
Corporate Center One, 5301 Southwest Pkwy, Ste 400
Address
Austin, TX 78735
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Castillo

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705-7274

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

□ \$25 Filing Fee

S55 Filing Fee & Certified Copy

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Na	ame of the limited liability company:	TAYLOR WOODROW COMMUNITIES AT ST. JOHNS FOREST, L.L.C.						
2. (a)	4900 N. SCOTTSDALE		<sub>(b)</sub> 4900		N. SCOT	rsda	LE	ROAD
2. (u)	Principal office address of limited tiability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  SUITE 2000					
	SUITE 2000			SUITE	2000			
	SCOTTSDALE, AZ 85	5251	_	SCOT	TSDALE,	AZ 85	525	<u> </u>
	4/24/2002			L02000009770				
3.	Date of filing/registration i		4.		Document num	ber		
5. (a)	NRAI SERVICES, INC	<u> </u>			•			
, ,	Registered Agent and Registered Office should be a second of the second	::						
	<del></del>	FLURIDA STREET A		<u></u>				
	PLANTATION	, FL	3332	4				
(b)	Registered Agent Solu	itions, Inc.						
	Enter name of NEW Registered Agent and	lior NEW Registered (	Office add	Iress:				
	155 Office Plaza Dr.						22	
	NEW Registered Office Address:						:\3	
	Suite A				_		: -	
	Tallahassee	, FL_	3230	1		.,	H 81	
the cha agent was/w	limited liability company is not organ ange or changes are made, the Florid will be identical. Or, in the case of a ere authorized by an affirmative vote icles of organization or the operating	a street address of I Florida limited lia c of the members of	the regis bility co f the lim	itered office impany, it is ited liability	e and the busine s hereby confirm y company or as	ess office ned that s otherwi	ned the of the other characters in the other character	e registered ange(s) ovided in
	aclyn Wright		Jac	lyn Wrigh				ecretary
_	iture of a member or authorized representativ			1.	Printed or typed t	-		to order at
provis the ob- to mer	by accept the appointment as registo ions of all statutes relative to the pro ligations of my position as registered ely reflect a change in the registered d in writing of this change.	mor and complete i	ログバルコアルカィ	mer of niv	annes ana i an	, 10mm	" WHIII	ана ассепс

Mackenzie Hart, Asst. Secretary

Signature of Registered Agent