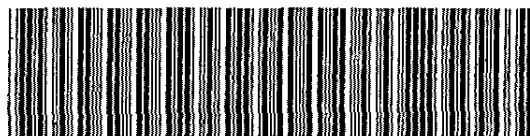


LD20000012914

(Requestor's Name)

(Address)

(Address)



100041486631

NORTHRIDGE LAKES, LLC
[1100-4 PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32084

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

November 8, 2004

NORTHRIDGE LAKES, LLC
1100-4 PONCE DE LEON BLVD.
ST. AUGUSTINE, FL 32084

SUBJECT: NORTHRIDGE LAKES, LLC.
Ref. Number: L02000012914

We have received your document for NORTHRIDGE LAKES, LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 004A00063817

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 602.416 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: NORTHRIDGE LAKES, LLC.
2. The mailing address of the limited liability company is : 1100-4 PONCE DE LEON BLVD.
ST. AUGUSTINE, FLORIDA, 32084

05/05/2002

L02000012914

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

PAT KENNEY

Name

701 WHITE BLVD.

Address

INVERNESS, FLORIDA, 34453

City, State and Zip

6. The name and address of the new registered agent and/or office:

JOHN WOOD

Name

1100-4 PONCE DE LEON BLVD

Florida street address (P.O. Box NOT acceptable)

ST. AUGUSTINE FL 32084

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

JOHN WOOD - MEMBER/ MANAGER

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

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

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05 DEC 10 AM 8:24
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
STATE OF FLORIDA