

11 September 2002 DD DD DD 3900

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

RE: Retirement Communities LLC, EIN 04-3697877; Articles of Org doc # L02000013906

To whom it may concern:

Please change the mailing and principal business address of the referenced LLC to:

Retirement Communities LLC

1851 Sandra Dr.

Pensacola, FL 32506

Also, please find enclosed form INHS18 "STATEMENT OF CHANGE OF REGISTERED AGENT" together with our check for \$25.00.

Thank you for your attention to this matter,

W.E. Higginbotham, member

000007770940--0 -09/16/02--01063--004 *****25.00 *****25.00

JONOS

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: RETIREMENT COMMUNITIES	LLC
2. The mailing address of	f the limited liability company is: 3506 NIGHTHAWK	LANE
PENSACOLA,	FL 32506	
JUNE 6, 2002	L02000013906	-L
3. Date of filing/registrati	ion in Florida 4. Document num	ider
5. The name of the register Florida Department of	ered agent and the registered office address as shown of State:	n the records of the
,	GARY W. HUSTON	
	Name	-m.
	125 W. ROMANA STREET, SUITE 800	
	Address	FS 82
	PENSACOLA, FL 32501	S S
	City, State and Zip	当而 写
6. The name and address	of the new registered agent and/or office:	02 SEP 16 SECRETARY TALL AHASSI
	W.E. HIGGINBOTHAM	F9 3
	Name	Es de
	1851 SANDRA DRIVE	97
	Florida street address (P.O. Box NOT acceptable)	RIPA
	PENSACOLA FL 32506	
	City, State and Zip	
confirmed that after the cl and the business office of liability company, it is be-		of the registered office of a Florida limited hy an affirmative vote of
W.E. HIGGINBOTHAM (Printed or typed name of signee)		
	intment as registered agent and agree to act in this ca is of all statutes relative to the proper and complete pe ad accept the obligations of my position as registered a this document is being filed to merely reflect a change that the limited liability company has been notified in	pacity. I further agree to erformance of my duties, igent as provided for in in the registered office writing of this change.
Divisio	on of Corporations, P.O. Box 6327, Tallahassee, FL	32314
	THE THIC THER, AGE OR	

INHS18(10/99)

FILING FEE: \$25.00