L02000018555

Florida Department of State

Division of Corporations
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REGISTERED AGENT CHANGE

FORT APACHE MARINA, LLC

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L02-18555

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: Fort Apache Marina, LLC

2. The mailing address of the limited liability company is:
407 Ocean Boulevard, Golden Beach, FL 33160-2213

July 23, 2002
3. Date of filing/registration in Florida

L02000018555
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:

Robert Hustead
Name
70 N.W. 8th Street
Address
Homestead, FL 33030
City, State and Zip

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

C T Corporation System
Name
1200 South Pine Island Road
Florida street address (P.O. Box NOT acceptable)
Plantation FL 33324
City, State and Zip

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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.

By: ______
(Signature of a member or authorized representative of a member)

ROBERT M. HUSTEAD, AGENT FOR A. R. CHOUINARD
(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.

Barbara A. Burke
(Signature of Registered Agent)
BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: $25.00

INH518 (3/05)

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