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RONALD A. CHRISTALDI (813) 221-7152 rchristaldi@slk-law.com

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813.229.7600

Tampa, Florida 33602

www.slk-law.com

October 1, 2007

Division of Corporations Florida Department of State Post Office Box 6327 Tallahassee, Florida 32314

Rc:

O'Carroll Properties, LLC

Date of Incorporation: September 12, 2002

Document Number L02000023791 Change of Address of Registered Office

Dear Sir/Madam:

Enclosed is a Statement of Change of Registered Office or Registered Agent or Both for Corporations, which is submitted in order to change the address of the registered office for the above-referenced corporation. Also enclosed is Shumaker, Loop & Kendrick's Check Number 81093 payable to the Florida Department of State in the amount of \$35.00 to cover the fee for this change. Thank you for your attention to this matter.

Ronald A. Christaldi

RAC/jar Enclosures (2)

cc: Edmund O'Carroll

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

Pursuant to the provisions liability company submits the agent, or both, in the State of	ié following stateme.	or 608.508, Florida Statutes nt in order to change its regi	s, the undersigne stered office or r	d limited egistered
1. The name of the limited li	iability company is:	O'Carroll Properties, LLC		
		mpany is: 3004 Samara Drive,	Tampa, FL 33618	8
			et who	
09/12/2002		L02000023791		
3. Date of filing/registration	in Florida	4. Document nur	nber	
5. The name of the registered Florida Department of Sta	d agent and the regist	tered office address as shown	on the records of	the
•	onald A. Christald			
-		Name	•	•
10	01 E. Kennedy Bivd.	., Suite 3400	→	
Address AS				
Ţa	ampa, FL 33602			77
_	City,	State and Zip	OCT AHA	
6. The name and address of t	the new registered ag	gent and/or office:	-4 SSEE	
Ro	onald A. Christaldi			
		Name	SS W	
10	11 E. Kennedy Blvd.	, Suite 2800		
F	Florida street address	(P.O. Box NOT acceptable)	<i>y</i> —	
Та	mpa, FL 33602	FL 33602 -		
_	City, S	tate and Zip		
confirmed that after the chan and the business office of the liability company, it is hereb	nge or changes are me registered agent will be confirmed that the ed liability company of the limited liability		of the registered of a Florida limited by an affirmati	office ted ve vote
Edynad	a Camall			
(Printed or typed name of signee)	O MAYOU		. - -	
`	ment as registered as fall statutes relative iccept the obligation document is being fat the limited liability	gent and agree to act in this co to the proper and complete p s of my position as registered filed to merely reflect a change y company has been notified i	ipacity. I further erformance of my agent as provided e in the registered n writing of this c	agree to Vauties, I for in Loffice hänge.

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

(Signatur of Registered Apent)