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GOODLETTE COLEMAN & JOHNSON, P.A. ATTORNEYS AT LAW

Kevin G. Coleman J. Dudley Goodlette Kenneth R. Johnson Richard D. Yovanovich Edmond E. Koester Northern Trust Bank Building 4001 Tamiami Trail North Suite 300 Naples, Fl 34103 239-435-3535 239-435-1218 Facsimile Linda C. Brinkman Stephen C. Pierce Gregory L. Urbancic William M. Burke Craig D. Grider Matthew L. Grabinski Matthew R. Galloway Matthew M. Jackson Alex R. Figares Jeffrey J. Beihoff Kevin L. Dees

writer's e-mail address: jbeihoff@gcjlaw.com

March 19, 2007

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

Re:

CSB, LLC

Casa Grande Medical LLC Concorde Drive LLC Goodlette Medical LLC Greentree of Naples LLC Houchin LLC

Presidential Court I LLC Presidential Court II LLC Remington Holdings LLC



Dear Florida Department of State:

Enclosed are the following documents: (1) Resignation of Manager; (2) Change of Resident Agent and Registered Office; and (3) Amendment and Restatement of Articles of Organization, for each of the following Florida Limited Liability Companies:

- 1. Casa Grande Medical LLC
- 2. Concorde Drive LLC
- 3. Goodlette Medical LLC
- 4. Greentree of Naples LLC
- Houchin LLC
- 6. Presidential Court I LLC
- 7. Presidential Court II LLC
- 8. Remington Holdings LLC

Also enclosed are the following documents: (1) Resignation of Manager and Member; (2) Change of Resident Agent and Registered Office; and (3) Amendment and Restatement of Articles of Organization for:

CSB, LLC, a Florida Limited Liability Company.

Please file these documents, file stamp the enclosed copy of each document and return the file-stamped copies to my attention in the envelope provided.

If you have any questions, please do not hesitate to call me.

Very truly yours,

Jeffrey J. Beihoff

JJB/sbf Enclosure

C: Dr. and Mrs. Charles J. Burns (w/out enc)



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.

agent, or both, in the state of	n rioriaa.					
1. The name of the limited	liability company	is: CSB, LLC				
2. The mailing address of t	he limited liability	company is: 6	060 Hidden C	Daks Lan	e, Naples, F	<u>L 34</u> 119
	· 			•	.	 •
October 10, 2002			L020000268	63		
3. Date of filing/registration	n in Florida		4. Document	number		
5. The name of the registere Florida Department of St		gistered office a	address as show	vn on the	records of the) }
•	Kevin M. Burns	S			CRE	traps
- ·	6060 Hidden Oa	Name aks Lane			MAR 22 PRETARY AHASSE	Section 1
· -		Address			E P	- T- 3
<u> </u>	Naples, FL 341	19 ty, State and Zir		~	PH 12: 36 OF STATE E FLORIDA	Contracted A
		1	•		36	4 married "
6. The name and address of	the new registered	l agent and/or o	ffice:			
<u>C</u>	Charles J. Burns	S				
8	665 Bay Colony	Name y Drive, #904				
	Florida street addre	ess (P.O. Box N	OT acceptabl	e)		
<u>N</u>	laples	FL 3410	8		_	
	City	, State and Zip				
If the limited liability components of the character the character the business office of the liability company, it is herely of the members of the limit or the operating agreement of the operations of the oper	nge or changes are the registered agent by confirmed that the diability compared the limited habil	made, the Flori will be identical the change(s) we may or as otherwi- lity company.	ida street addre ll. Or, in the ca as/were author	ess of the rase of a Fl rized by ar	registered off orida limited affirmative	vote
Charles I Burns						
Charles J. Burns (Printed or typed name of signee)					•	
I hereby accept the appoint comply with the provisions cand I am familiar with and Chapter 608, F.S. Or, if this address I hereby confirm the	ment as registered of all statutes relati accept the obligati of document is bein at the limited liabi	l agent and agre ive to the prope ons of my positi g filed to merel ility company hi	ee to act in this er and complete ion as registere y reflect a chai as been notifie	capacity. e performe ed agent a nge in the d in writin	I further ago ance of my du is provided fo registered of ig of this chai	ree to ities, r in fice nge.

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

(Signature of Registered Agent)