L0200027006

From: Origin ID: (314)989-9600				
SHARON HUNTER GANNON INTL 11301 OLIVE BLVD				
ST. LOUIS, MO 63141				
(City/State/Zip/Phone #)				
(Only/Otates/Ziph Hotte #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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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 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 com, in the star	•		
1. The name of the limite	d liability company is:	Gannon Equities - Maitland	i, LLC
		mpany is: 11301 Olive Blvd.	
St. Louis, MO 63141			
10/11/2002		L02000027006	
3. Date of filing/registration in Florida		4. Document number	
5. The name of the register Florida Department of		tered office address as shown of	n the records of the
	15750 SW 105th Te	Name errace, Suite CL-201	
	Miami, FL 33196	Address State and Zip	OL JUN -3 PM
6. The name and address of	of the new registered ag	gent and/or office:	ASS.
	Sybil C. Field		B PH 2
	6763 SW 88th Stree	Name et	JUN-3 PM 2: 42
	Florida street address	s (P.O. Box NOT acceptable)	IDA DA
	Miami, FL 33156	FL	
	City, S	tate and Zip	
confirmed that after the chand the business office of liability company, it is her	nange or changes are method the registered agent with the reby confirmed that the	ander the laws of the State of Fl ade, the Florida street address of all be identical. Or, in the case of change(s) was/were authorized as otherwise provided in the arti- company.	of the registered office of a Florida limited I by an affirmative vote o
(Signature of a member or authori	ized representative of a membe	r)	
Robert P. Greene			
(Printed or typed name of signee)			
I hereby accept the appoint comply with the provision and I am familiar with an I address. I hereby confirm	intment as registered as s of all statules relative d accept the obligation his document is being t that the limited liabilit	gent and agree to act in this cap e to the proper and complete pe s of my position as registered a filed to merely reflect a change v company has been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.

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

INHS18(10/99)

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