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| _ The Exchange Experts | _ | | | |
| Setting the Standard for Exchange Security | — _{, -} | | | |
| - 8101 East Prentice Avenue, Suite 510 Greenwood Village, Colorado 80111 | - | | | |
| | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | - | | | |
| | _ | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| | | | | |
| Special Instructions to Filing Officer: | | | | |
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| Office Use Only | 5 | | | |



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SECRETARY OF STATE
PALLAHASSEE, FLORIDA

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 | ed liability company is: | Orange Grove, LLC | |
|--|--|---|---|
| 2 The mailing address o | f the limited liability cor | mpany is : 8101 East Prent | tice Ave., Suite 510 |
| Greenwood Village, C | | | |
| 2/27/03 | | L0300000736 | 2 |
| 3. Date of filing/registrat | ion in Florida | 4. Document nu | mber |
| 5. The name of the register Florida Department of | ered agent and the regist State: Nace Cohen | ered office address as shown | on the records of the |
| · | 287 Burnt Pine Drive | Name e | - |
| | Naples, FL 34119 | Address State and Zip | <u> </u> |
| 6. The name and address | of the new registered ag | ent and/or office: | |
| | Diane Stock g | STOCKS (W) | _ |
| | 1019 Periwinkle Wa | lame y | ТА:s 21 |
| | Florida street address | (P.O. Box NOT acceptable) | Z005 JAN 13 SECRETAR) ALLAHASSI |
| | Sanibel Island | FL 33957 | HAS HAS |
| | City, St | ate and Zip | 3 → SEE |
| confirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement (Signature of a member or author) | thange or changes are many of the registered agent will be reby confirmed that the codd liability company or a coff the limited liability company codd representative of a member of a mem | r) | of the registered office of a Florida limited ed by an effirm vive vote of |
| (Printed or typed name of signee | ents, ILC (its Sole Me | aunai Inà | |
| | | tent and agree to act in this c to the proper and complete is s of my position as registered iled to merely reflect a chang y company has been notified | apacity. I further agrec to performance of my duties, agent as provided for in the registered office in writing of this change. |

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

FILING FEE: \$25.00