

LO3000008625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

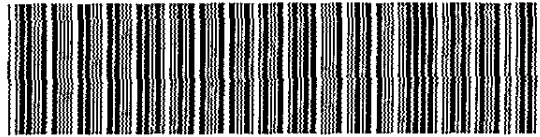
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Special Instructions to Filing Officer:

4/28 R/A change

LO3-8625

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04/28/03--01114--007 \*\*50.00

**MJH**

**FILED**

**03 APR 28 PM 2:00**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**



TRIAD PROFESSIONAL SERVICES, LLC

The Forum  
3290 Northside Parkway, Suite 400  
Atlanta, Georgia 30327

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[www.triadpros.com](http://www.triadpros.com)

April 24, 2003

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: Statement of Change of Registered Agent of  
Douglas Pike Residential, LLC and Abington Woods, LLC**

Dear Sir/Madam:

Enclosed for filing with the Department of State are Statements of Change of Registered Agent for each of Douglas Pike Residential, LLC and Abington Woods, LLC, together with our check in the amount of \$50.00 in payment of the filing fees.

Please return a date-stamped copy of the enclosed forms to my attention. I have enclosed duplicate copies of each form, as well as a self-addressed, stamped envelope for your convenience in doing so.

If you have any questions, please contact the undersigned.

Sincerely yours,

Sharon M. Knox  
Client Services Specialist

Enclosures

**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: DOUGLAS PIKE RESIDENTIAL, LLC
2. The mailing address of the limited liability company is : 215 Old River Road, Lincoln, RI 02865

03/10/2003

L03000008625

3. Date of filing/registration in Florida

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:

Wayne T. Crowder, Esq.

Name

777 S. Flagler Drive, Suite 300E

Address

West Palm Beach, FL 33401

City, State and Zip

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

NRAI Services, Inc.

Name

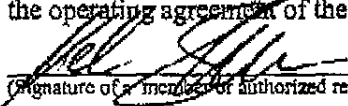
525 E. Park Avenue

Florida street address (P.O. Box NOT acceptable)

TallahasseeFL 32301

City, State and Zip

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.

  
(Signature of a member or authorized representative of a member)

Axel Stepan

(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.*

NRAI Services, Inc.  
(Signature of Registered Agent)

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

**FILED**  
 03 APR 28 PM 2:00  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA