103000013334

. (Requestor's Name)							
* (Address)							
(Address)							
(City/State/Zip/Phone #)							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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Office Use Only

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:	GULF	BRE	ee z e	VIL	LAS,	LLC	_•
	The mailing address of the limited liability co							
		MEXICO	_					
	4-13-03	L03-13334						
-			1 0		1			

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:

710 HWY 98, BOX 98710 MEXICO BEACH, FL 32456

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

FORGOTTEN COAST DEVELOPMENT CO., LLC. 710 HWY 98, Box 98710 Florida street address (P.O. Box NOT acceptable) MEXICO BEACH, FL 32456 City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby a 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 finited in 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.

a member of authorized representative of a member) (Signature

DREA tshmore 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 profisions 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 646, 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 famility company has been notified in writing of this change.

(Signature of Registered Agent)

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

FILING FEE: \$25,00