## L.03000033498

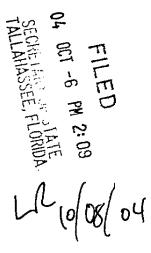
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Staliability company submits the following statement in order to change its agent, or both, in the State of Florida.	itutes, the undersigned limited registered office or registered	
1. The name of the limited liability company is: Ski Run Re	ealty, LLC.	
2. The mailing address of the limited liability company is: 9253 NW (OOK SI.  Healer, Fl. 33178		
9/4/2003 L0300	00033498	
3. Date of filing/registration in Florida 4. Documen	t number	
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:		
H. Jeffrey Cutler	····	
Name 95 Merrick Way, Suite 440	SEOR O	
Address Coral Gables, Fl. 33134	ASS OF L	
City, State and Zip	— SEE B	
6. The name and address of the new registered agent and/or office:	FELST 2	
H. Jeffrey Cutler	ATE ORIDI	
Two Alhambra Plaza, Penthouse 2-C	<del>&gt;</del>	
Florida street address (P.O. Box NOT acceptal	ole)	
Coral Gables, FL 33134		
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)  (Printed of typed fame of signee)		
I hereby accept the appointment as registered agent and agree to act in the comply with the provisions of all statutes relative to the proper and comple and I am familiar with and accept the obligations of my position as registe (hapter 608, F.S. Or, if this document is being filed to merely reflect a chadress, I hereby confirm that the limited liability company has been notifications of Registered Agent)	is capacity. I further agree to te performance of my duties, red agent as provided for in ange in the registered office ed in writing of this change.	

**FILING FEE: \$25.00** 

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

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