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kjusevitch@gray-robinson.com

July 15, 2005

Division of Corporations George Firestone Building 409 East Gaines Street Tallahassee, Florida 32301

To Whom It May Concern:

Enclosed for filing, please find STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY, along with a check in the amount of \$25.00 for the applicable filing fees for the following entity:

HOLIDAY BUILDERS OF OHIO, L.C. Document No.: L03000033733

Upon receipt, please "date stamp" the copy of this letter provided, and call me at 577-9090, when the document is ready. Thank you for your assistance.

Sincerely,

Karen F. Jusevitch

Paralegal

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	l liability company is:	Boliday Builde	rs of Ohio, L.C.
2. The mailing address of	the limited liability con	pany is : <u>2293 w</u> F	Sau Gallie Roulevard
Melbourne, Fl	. 32935		
9/5/2003		L0300003	33733
3. Date of filing/registration	on in Florida	4. Document r	number
5. The name of the register Florida Department of S		red office address as show	n on the records of the
	Richard Haw	kes	
	_	Vame	7 5 S
		Gallie Boulevard	
	A Melbourne, i	ddress	至
•		tate and Zip	15 P
C The	,	-	Ho P
6. The name and address of	t the new registered age	in and/or ornee:	70
	Kathryn Byr	nes	JUL 15 PH 1:50 JUL 15 PH 1:50
		ime	
_		Gallie Boulevard	
	Florida street address (P.O. Box NOT acceptable	;)
_	Melbourne	FL 32935	
	City, Sta	te and Zip	
If the limited liability compconfirmed that after the chand the business office of the liability company, it is here the members of the limited the operating agreement of Signature of a member or authorized.	inge or changes are made registered agent will by confirmed that the colliability company or as the limited liability con	le, the Florida street addrest be identical. Or, in the cast hange(s) was/were authorion otherwise provided in the	ss of the registered office se of a Florida limited zed by an affirmative vote of
Kathryn Byrnes (Printed or typed name of signee)			
I hereby accept the appoin comply with the provisions and I am igmiliar with and Chapter 508, F.S. Or, if the address I hereby confirm to Chapter of Registered Agent)	tment as registered age of all statutes relative to accept the obligations of the statute of the state of the	nt and agree to act in this o the proper and complete of my position as registere a to merely reflect a chan company has been notified	capacity. I further agree to performance of my duties, a agent as provided for in ge in the registered office in writing of this change.

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

DVHS18(10/99)

FILING FEE: \$25.00