LO3000033968

Perla + ASSOC., P.A. (Requestor's Name)			
203 E. livingston St.			
Orlando Fl. 32801 (Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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10/05/04--01031--010 **25.00

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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 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	d liability company is:	MONTICELLO LANDSCAPE AND DESIGN	I, LLC
2. The mailing address of	the limited liability co	mpany is: 4700 MILLENIA BLVD., SUITE 17	' 5
ORLANDO, FLORIDA			_
SEPTEMBER 9, 2003		L03000033968	
3. Date of filing/registration in Florida		4. Document number	
5. The name of the registe Florida Department of S	red agent and the regist State: CATALINA BUENO	ered office address as shown on the records of the	3
	15312 PEBBLERID	Name GE ST	
	WINTER GARDEN,	Address FL 34787 State and Zip	-
6. The name and address of	of the new registered ag	ent and/or office:	
	LUSTHER BRAND		
	4700 MILLENIA BL	Jame /D., STE 175	
•	Florida street address	(P.O. Box NOT acceptable)	
	ORLANDO	FL 32839	
	City, St	ate and Zip	DIVIC
confirmed that after the ch and the business office of liability company, it is her	ange or changes are mathe registered agent will eby confirmed that the liability company or a fithe limited liability co		void of the control o
LUSTHER BRANDT			ō:
(Printed or typed name of signee)			-
I hereby accept the appoint the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered ag s of all statutes relative t accept the obligations its document is being fi that the limited liability	ent and agree to act in this capacity. I further ag to the proper and complete performance of my di of my position as registered agent as provided fo led to merely reflect a change in the registered of company has been notified in writing of this cha	ree to aties, or in fice nge.
(Signature of Registered Agent)	<u> </u>	· · · · · · · · · · · · · · · · · · ·	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18(10/99)