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OS JUL 15 PH (D: 5) TO THE SECRETARY OF STATE TALLAHASSEE, FLORIDA

GRAY ROBINSON

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SUITE 600 301 South Bronough St. (32301) POST OFFICE BOX 11189 CLERMONT TALLAHASSEE, FL 32302-3189 KEY WEST TEL 850-222-7717 LAKELAND TEL 850-577-9090 MELBOURNE FAX 850-222-3494 NAPLES FAX 850-577-3311 gray-robinson.com ORLANDO TALLAHASSEE

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:

Via Hand Delivery



TAMPA

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 VENTURES, L.C. Document No.: L03000034326

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 liability company is: __Holiday Ventures, L.C. 2. The mailing address of the limited liability company is: 2293 w Ray Gallie Boulevard. Melbourne, FL 32935 L03000034326 9/9/2003 4. Document number 3. Date of filing/registration in Florida 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Richard Hawkes Name 2293 W. Eau Gallie Boulevard Address Melbourne, FL 32935 City, State and Zip 6. The name and address of the new registered agent and/or office: Kathryn Byrnes Name <u> 2293 W. Eau Gallie Boulevard</u> Florida street address (P.O. Box NOT acceptable) Melbourne FL 32935 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) Kathryn Byrnes (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 auties, 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 filled to merely reflect a change in the registered office adaress. I hereby confirm that the limited liability company has been notified in writing of this change. ignature of Registered Agent)

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

INHS18(10/99)