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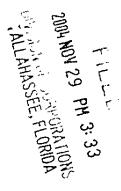
(Requestor's Name)		
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J. BRYAN DEC 7 2004

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 limits	ed liability company is:	SW Florida Developme	nt, LLC	
		mpany is: P.O. Box 2402		
January 9, 2004		LO4000002	LO4000002668	
3. Date of filing/registrat	ion in Florida	4. Document n	umber	
5. The name of the register Florida Department of		ered office address as show		
	William G. Morris			
	247 N. Collier Blvd,		2004 MON 29 PM 3: 33 2014 MON 29 PM 3: 33	
	Marco Island, FL 34	Address 4145	29 C.	
	City,	State and Zip	一篇至	
6. The name and address	of the new registered ag	ent and/or office:	, FLOGE 3.	
	Fred W. Mundie, Jr.		7104	
	993 N. Collier Blvd	lame	· ·	
	Florida street address	(P.O. Box NOT acceptable)	
	Marco Island	FL 34145	_	
	City, St	ate and Zip		
confirmed that after the cl	hange or changes are ma the registered agent wil reby confirmed that the d liability company or a	nder the laws of the State of the the Florida street address be identical. Or, in the case change(s) was/were authorizes otherwise provided in the mpany.	f Florida, it is hereby so of the registered office se of a Florida limited zed by an affirmative vote of articles of organization or	
(Signature of a plantoer or author	ized representative of a member)		
James M. Hanson/Mar	=			
(Printed or typed name of signee)				
I hereby accept the apportunity with the provision and I am familiar with an Chapter 608, F.S. On if the address, I hereby confirm	intment as registered ag s of all statutes relative d accept the obligations his document is being fi that the sinuted liability	ent and agree to act in this to the proper and complete of my position as registered led to merely reflect a chan company has been notified	capacity. I further agree to performance of my duties, I 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

NHS18(10/99) FILING FEE: \$25.00

of Registered Agenty