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## COVER LETTER \_\_\_\_\_

TO: Registration Section Division of Corporations	
SUBJECT: Island House 7 (Name of Line	nited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning thi	is matter to the following:
Chad A. Kelly (Name of Person)	
(Name of Person)  TSland House Properties  (Firm/Company)	2006 OCT 16 PH 12: 30 ZECRETARY OF STATE TALLAHASSEE, FLORIO
3885 20th Street, Suit	e 201
(Address)	Estati Lori
Vero Beach, FL 32960 (City/State and Zip Code)	
For further information concerning this matter,	please call:
Chad A. Kelly a (Name of Person)	t ( <u>772</u> ) <u>473</u> – <u>9791</u> (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following a	amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

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

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: TSland House Properties, UC.  2. The mailing address of the limited liability company is: PO Box 5200.
2. The maning address of the funded hability company is: 10 000
Vero Beach, Fl 32961
01-28-2004 LO400007517
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:  Mak A Brakett
1915 34th Avenue
Vero Beach, H 32960  City, State and Zip
6. The name and address of the new registered agent and/or office:
6. The name and address of the new registered agent and/or office:  Chad A. Kelly  Name  Name
Florida street address (P.O. Box NOT acceptable)
Veco Beach FL 32960 BH &
·
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)
chal A.Kelly
(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 duties, 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 filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.  (Signature of Registered Appr)

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

INHS18 (8/05)