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COVER LETTER

Division of Corporations Bannerman Crossings, LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Bernadette Kearney Name of Person Bannerman Crossings, LLC Firm/Company 7402 Ox Bow Circle Address Tallahassee, Florida 32312 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 294-0911 Bernadette Kearney 850 _) Area Code & Daytime Telephone Number Name of Person **MAILING ADDRESS:** STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$55 Filing Fee & Certified Copy \$25 Filing Fee

TO:

Registration Section

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.	Nar	ne of the limited liability company:	Bannerman Crossings, LLC
2.	(a) Principal office address of limited liability company: Bernadette		nny: Bernadette Kearney
		(Note: MUST BE STREET ADDRESS)	7402 Ox Bow Circle Tallahassee, Florida 32312
	(b)	Mailing address of limited liability company:	Bannerman Crossings, LLC
		(Note: MAY BE POST OFFICE BOX)	7402 Ox Bow Circle Tallahassee, Florida 323
		02/02/2004	L04000008830 22 F
3.	Dat	e of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dep State:			
		Registered Agent:	Summit International Management, LLC
		Registered Office Address:	2073 Summit Lake Drive, Suite 155 Tallahassee, Florida 32317
,	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	EW Registered Office address: Shannon L. Novey
		<u>NEW</u> Registered Office Address: <u>(MUST BE FLORIDA STREET ADDRESS)</u>	Novey Law 851 East Park Avenue Tallahassee ,FL32301-2620
and liab of t	firm the oility he i	imited liability company is not organized under the ned that after the change or changes are made, the business office of the registered agent will be ide y company, it is hereby confirmed that the change members of the limited liability company or as other organized agreement of the limited liability company or as of a member or authorized representative of a member	Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote terwise provided in the articles of organization
		or typed name of signee	
I h con ana Cha ada	erel Iply I a Ipte Ires	by accept the appointment as registered agent and with the provisions of all statutes relative to the pum familiar with and accept the obligations of my to 608, F.S. Or, if this document is being filed to be a limited liability composition.	l agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.
Sign	natur	e of Registered Agent	

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

INHS18 (05/08)