

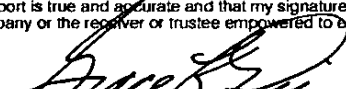


FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90023 017 *****50.00

DOCUMENT # L04000009886				Secretary of State 02-25-2005 90023 017 ****50.00	
1. Entity Name WEST FLORIDA PROPERTY INVESTMENTS, L.L.C.					
Principal Place of Business 14508 PERDIDO KEY DRIVE PENSACOLA, FL 32507		Mailing Address 14508 PERDIDO KEY DRIVE PENSACOLA, FL 32507			
2. Principal Place of Business		3. Mailing Address		20015834 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02212005 Chg-LLC CR2E083 (10/03)	
City & State		City & State		4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ERIS, GRACE K 14508 PERDIDO KEY DRIVE PENSACOLA, FL 32507			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ERIS, GRACE K 5687 GRANDE LAGOON DRIVE PENSACOLA, FL 32507	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  2-21-05					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					