

| /D. | | |
|-------------------------|--------------------|-----------|
| 3FI) | equestor's Name) | |
| (Ac | ldress) | |
| (Ac | idress) | , |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | . • | 429 |
| | Office Use Onl | V (DOOR |



04/26/07--01017--001



COVER LETTER

| TO: | Registration Section |
|-----|-------------------------|
| | Division of Corporation |

SUBJECT: ARACO Is/es Ar Hobe Sound LLC
(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:

KENNETH W. DODGE, Esq.
(Name of Person)

LEWIS, LONGMAN & WALKER PA

1700 Pain Beach Lakes Blud, Suite 1000

(Address)

West Pain Beach, Florisa 33401

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at (S61) 799-0050

(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 amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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: | Apres Is | les AT Hohe | Sound LLC |
|--|--|---|--|
| | | _ | · . |
| 2. The mailing address of the limited liability co | | | J |
| P. | nn Beach (| SMABONS, FL | 33410 |
| 02/06/2004 | * (| 04000010443 | |
| 3. Date of filing/registration in Florida | | cument number | |
| | | | |
| The name of the registered agent and the regist Florida Department of State: | | | |
| STANT | ou. Rosea | CiA C. FE 33407 | |
| | Name | | 2 |
| 44 | 20 Beacon | n CIA | 超马小 |
| la Jaco- | Address | E 22417 | 観る局 |
| City | State and Zin | ·, PL 33 10/ | TIPR 26 H |
| 6. The name and address of the name assistant to | t 1/ cc | | Fig. 3 |
| 6. The name and address of the new registered a | _ | | Est s |
| Do 09 | c, Ken | | 最高 |
| 1700 PA | Name Reach /A | Kes Blug Suc | re 1000 |
| Florida street address | P O Boy NOT a | centable) | • |
| | | | |
| West PALA BEAR | | -01 | |
| City, S | tate and Zip | | |
| If the limited liability company is not organized confirmed that after the change or changes are m and the business office of the registered agent wi liability company, it is hereby confirmed that the of the members of the limited liability company or the operating agreement of the limited liability | ade, the Florida stre ill be identical. Or, change(s) was/wer or as otherwise pro- | eet address of the regis in the case of a Florida e authorized by an affi | stered office a limited irmative vote |
| (Signature of a member or authorized representative of a member | ÷r) | | |
| Davis Finkels Te | <i>,</i> • | | |
| (Printed or typed name of signee) | | | |
| I hereby accept the appointment as registered as domply with the provisions of all statutes relative and I am fundiar with and accept the obligation. Chapter 600 F.S. Or sift this document is being f address, I hereby couffin that the limited liabilit | gent and agree to ac to the proper and c s of my position as t lied to merely refle y company has beer | ct in this capacity. I fu complete performance registered agent as pro ct a change in the regi n notified in writing of | orther agree to of my duties, ovided for in stered office this change. |

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