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| (Re | equestor's Name) | | | |
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| PICK-UP | MAIT | MAIL | | |
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AND AHASSEE, FLORIDA

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FILING REQUEST

October 11, 2006

FLORIDA SECRETARY OF STATE

Type of Filing:

CHANGE OF AGENT

Subject(s):

WATER'S EDGE OF BRADENTON, LLC

Form(s) Enclosed:

STATEMENT OF CHANGE OF REGISTERED AGENT/OFFICE

Supporting Document(s):

Check Enclosed:

CHECK #24476 FOR \$25.00

Return Via:

REGULAR MAIL

Filing Method:

ASAP

PLEASE RETURN TO:

PREMIER CORPORATE SERVICES, INC.

590 PARK STREET, SUITE 6

ST. PAUL, MN 55103

Please call me at 1-800-227-1256 if there are any questions.

Thank you!

Jackie Sorman

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.

| agent, or both, in the St | ate oj Fioriaa. | | |
|--|--|---|--|
| 1. The name of the limit | ted liability company | y is: Water's Edge of Bradenton, LLC | <u> </u> |
| 2. The mailing address | of the limited liabilit | y company is : | , |
| 7807 Creekridge Circle, c | /o Florida Christian Ho | mes Sr. Housing, Minneapolis, MN 5 | 5439 |
| 2/16/2004 | | L04000012615 | |
| 3. Date of filing/registration in Florida 4. Document no | | mber | |
| 5. The name of the regis Florida Department o | | registered office address as shown | on the records of the |
| • | Florida Christian Ho | omes, Inc. | |
| | | Name | • |
| | 5550 26th Street W | /est, Suite 3 | . |
| | | Address | F 06 OCT SECRET |
| | Bradenton, FL 3420 | | . 与 赞 C |
| | C | City, State and Zip | AS T |
| 6. The name and address of the new registered agent and/or office: | | ed agent and/or office: | FILED 17 PH 1: 43 TARY OF STATE JASSEE, FLORID |
| | NRAI Services, Inc. | | FLO |
| | 2731 Executive Parl | Name k Drive, Suite 4 | ATE ORIDA |
| | Florida street add | dress (P.O. Box NOT acceptable) | |
| | Weston | FL 33331 | |
| | | ty, State and Zip | • |
| confirmed that after the and the business office diability company, it is be | change or changes as of the registered agen ereby confirmed that | zed under the laws of the State of I re made, the Florida street address at will be identical. Or, in the case to the change(s) was/were authorized or as otherwise provided in the arty company. | of the registered office of a Florida limited d by an affirmative yote of |
| (Signature of a member or outh | orized representative of a m | nember) | |
| Jean Kane, Member (Printed or typed name of signe | e) | | |
| (Signature of Registered Agent | Jaco | ed agent and agree to act in this ca ative to the proper and complete p ttions of my position as registered ing filed to merely reflect a change bility company has been notified in | spacity. I further agree to erformance of my duties, agent as provided for in e in the registered office n writing of this change. |
| Jackie Sorman, Assistant Divis | Secretary ion of Corporations | s, P.O. Box 6327, Tallahassee, FI | J 32314 |

INHS18(10/99) FILING FEE: \$25.00