L04000017619

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SECRETAGE OF STATE

July 13, 2005

Florida Department of State Amendment Section Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

RE:

Clearlake Crossings, LLC

Doc #L04000012619

lixu Sardell

Please be advised that both the principal address and mailing address of the above referenced Limited Liability Company have changed.

I have also enclosed a Statement of Change of Registered Agent, as well as our check in the amount of \$25.00 to cover the filing fee.

Please don't hesitate to call me at 321-242-9917 if you have any questions or need additional information.

Sincerely,

Renée Sandell

SECRETATE STATE

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' 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	d liability company is:	Clearlak	e Crossings, LLC	<u> </u>			
2. The mailing address of					pment,	Inc.	
8226 North Wickham R							
02/17/2004			L0400001261	19			
3. Date of filing/registration in Florida			4. Document nu	ımber	r		
5. The name of the registe Florida Department of S	State:		address as shown	on th	ne recor	ds of t	he
	Transom Developm			_			
	1103 West Hibiscus	Name Blvd., Su	ite 408				
	Melbourne, Florida			- , -			
		State and Z	•				
6. The name and address of	of the new registered ag	ent and/or	office:				
	Transom Developm	ent, Inc.					
	8226 North Wickhar	Name n Road, S	Suite 200				
Florida street address (P.O. Box NOT acceptable)							
	Melbourne	FL 3294	10	_			
	City, St	tate and Zij	o				
If the limited liability com confirmed that after the chand the business office of liability company, it is her the members of the limited the operating agreement of	lange or changes are mather registered agent will confirmed that the dilability company or a	ade, the Flo il be idention change(s) is otherwise	orida street address cal. Or, in the case was/were authorize	s of the e of a ed by	he regits Florida an affii	tered of limits	office d e vote of
Signature of a member or authoric	zed representative of a member	r)	•••••·		1		
Renee Sandell		<u></u>			ORI	1:2	
(Printed or typed name of signee)				₹	DA	Ċ	
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered ag s of all statutes relative t accept the obligations his document is being fi that the limited liability	rent and ag to the proj t of my pos iled to mer v company	ree to act in this coper and complete pition as registered ely reflect a chang has been notified	apaci perfoi ager re in i in wr	ity. I fu rmance it as pro the regis iting of	rther of of my vided stered this cl	agree to duties, for in office lange.
(Signature of Registered Agent)	Mill		~.				

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

FILING FEE: \$25.00