

AUG-13-2007 15:53

P-01/02

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Florida Department of State
Division of Corporations
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Account Name : MACFARLANE FERGUSON & MCMULLEN
Account Number : 076077001654
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REGISTERED AGENT CHANGE

BERNIE LITTLE PROPERTIES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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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 liability company is: Bernie Little Properties, LLC

2. The mailing address of the limited liability company is: _____

Post Office Box 5279 Ocala FL 34478

2/20/04

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3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

James W. Goodwin

Name

400 North Tampa Street, Suite 2300

Address

Tampa, Florida 33602

City, State and Zip

6. The name and address of the new registered agent and/or office:

James W. Goodwin, Esq.

Name

201 North Franklin Street, Suite 2000

Florida street address (P.O. Box NOT acceptable)

Tampa

FL 33602

City, State and Zip

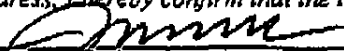
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


 (Signature of a member or authorized representative of a member)

James W. Goodwin, authorized representative of member

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


 (Signature of Registered Agent)

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

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TOTAL P.02

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