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### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 15, 2005

LYNN HOODLESS STRALEY ROBIN & WILLIAMS 100 EAST MADISON STREET, SUITE 300 TAMPA, FL 33602

SUBJECT: WELLS SR 54, LLC Ref. Number: L04000019423

We have received your document for WELLS SR 54, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 305A00067682

## STRALEY ROBIN & WILLIAMS

Attorneys At Law ———

November 4, 2005

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

Dear Sir or Madam:

We are pleased to enclose Statement of Change of Registered Agent and/or Registered Office for Alien Business Organization reflecting the address change for the registered agent for the entities listed below:

- 1. Barnard, LLC;
- Personal Management Care, Inc.;
- 3. Buck Family Management, LLC;
- 4. Buck Family Limited Partnership;
- 5. Highway 54 East, LLC;
- 6. Simanco 54. LLC:
- 7. Wells SR 54, LLC; and
- 8. Braun SR 54, LLC;

We have also enclosed a check in the amount of \$280.00 to cover the fees for changing the registered agent information for these entities.

If you have any questions, please give us a call.

Very truly yours,

STRALEY ROBIN & WILLIAMS

Lymn A. Hoodless, Paralegal

/lah

Enclosures

cc: Mr. Donald A. Buck

### STRALEY ROBIN & WILLIAMS

- Attorneys At Law ———

December 28, 2005

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

Re: Wells SR 54, LLC

L04000019423

Dear Sir or Madam:

We are pleased to enclose a copy of your letter dated November 15, 2005, along with our Statement for Change of Registered Office or Registered Agent or Both for Limited Liability Company for the above referenced entity. As you will see, you have already received a check in the amount of \$35.00 for the filing fee. Please file this document as soon as possible.

If you have any questions, please feel free to give us a call.

Very truly yours,

STRALEY ROBIN & WILLIAMS

Lynn A. Hoodless, Paralegal

/lah

Enclosures

### 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 lia	ability company i	s: WELLS SF	54, LLC			<b>.</b>	
2. The mailing address of the	limited liability	company is: 5	09 Guisando De Avila	, Ste 100, Ta	ampa, Flo	rida 33613	
2/44/2004	<u> </u>			<del>. 5 -</del>		<del>-</del>	
3/11/2004			L04000019423				
3. Date of filing/registration in Florida			4. Document number				
<u>10</u>	e: ark Straley, E 0 S. Ashley Dr	Squire Name rive, Ste 150 Address		the record	ds of the 2005 DEC	Jane 1984	
Tampa, Florida 33602					C		
City, State and Zip  6. The name and address of the new registered agent and/or office:  Mark Straley, Esquire  Name			ARY OF STATE SSEE. FLORIDA	29			
100 E. Madison Street, Suite			300		00		
	orida street addre			<b></b>	٠		
<u>Ta</u>	mpa_	FL 3360	)2				

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.

City, State and Zip

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

Donald A. Buck, Managing 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.

Mark K Straley

P.O. Box 6327, Tallahassee, FL 32314

**FILING FEE: \$25.00**