10400001943

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200061180932

11/08/05--01005--028 **280.00

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;
2.	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 ha	eve also enclosed a check in the amount of \$280,00 to cove

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

Lynn A. Hoodless, Paralegal

/lah

Enclosures

cc: Mr. Donald A. Buck



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: HIGHWAY 54 EAST, LLC

Ref. Number: L04000019427

We have received your document for HIGHWAY 54 EAST, LLC and Four check(s) totaling \$35.00. However, the enclosed document has not been find 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: 005A00067682

STRALEY ROBIN & WILLIAMS

Attorneys At Law -

December 28, 2005

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

Re: Highway 54 East, LLC

L04000019427

Dear Sir or Madam:

We are pleased to enclose a copy of your letter dated November 15, 2005, along with our Statement of 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

Ľ∕vnn A. Hoodless, Paralegal

/lah

Enclosures

{00005528.DOC/}

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 limite	ed liability compa	ny is: HIGHSAY 54	EAST, LLC				·
2. The mailing address o	f the limited liabi	lity company is : <u>50</u>	9 Guîsando De	Avila.	, Suite	100	·
Tampa, Florida 33613				-			
3/11/2004			_04000019427				
3. Date of filing/registrat	. Document num	ber	· · ·				
5. The name of the registe Florida Department of	State:	-	ldress as shown c	on the	records	of the	
	Mark Straley	/, Esquire Name	· · · · · ·	···· .	_ ·		
	100 S. Ashlev	y Drive, Ste 1500)				
		Address	·				
	Tampa, Floric	la 33602 City, State and Zip			SEC	2005	
6. The name and address	of the new registe	ered agent and/or of	ice:		AHA	2005 DEC :	ð
	Mark Straley,	, Esquire		-	RY SSE	29	1
	122 - 14 ::	Name				P	
		on Street, Suite 3		* _ 	ST S	$\ddot{\wp}$	-
	Florida street a	ddress (P.O. Box No	OT acceptable)		DRIDA	90	
	Tampa	FL 33602	<u> </u>		_		
	C	City, State and Zip					
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the linor the operating agreement	hange or changes f the registered age reby confirmed the nited liability com	are made, the Florid ent will be identical nat the change(s) wan pany or as otherwis	la street address of . Or, in the case of s/were authorized	of the i of a Fl d by ar	register lorida li 1 affirm	ed offi- mited ative v	ote
(Signature of a member or author	ized representative of a	member)	· 134	.,			
Donald A. Buck, Mana (Printed or typed name of signee)				· p 1			
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm		red agent and agree elative to the proper gations of my positio eing filed to merely iability company ha	e to act in this cap and complete pe on as registered a reflect a change s been notified in	pacity. rform gent a in the writin	I furth ance of is provid registed ig of thi	ier agr my dui ded for red off is chan	ee to ties, in ice ge
Mark K Stale	· · · · · · · · · · · · · · · · · · ·			-			

FILING FEE: \$25.00

P.O. Box 6327, Tallahassee, FL 32314

INHS18 (8/05)