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SECRETARY OF STATE
TALLAHASSEE, FLOTOTA

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STRALEY ROBIN & WILLIAMS

Attorneys At Law -

November 4, 2005

Division of Corporations P. O. Box 6327 Taliahassee, 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 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: SIMANCO 54, LLC Ref. Number: L04000019429

We have received your document for SIMANCO 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 your filing will be considered abandoned.

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

Tammi Cline Document Specialist

Letter Number: 205A00067682

STRALEY ROBIN & WILLIAMS

- Attorneys At Law -

December 28, 2005

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

Re:

Simanco 54, LLC

L04000019429

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 the 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 liability company is:	SIMANCO 54, LLC
2. The mailing address of the limited liability co	ompany is : 509 Guisando De Avila, Suite 100
Tampa, Florida 33613	
3/11/2004	L04000019429
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the regis Florida Department of State:	stered office address as shown on the records of the
Mark Straley, Es	quire
	Name
100 S. Ashley Driv	/e, Ste 1500 ≧g 🖺
<u>_</u>	Address FG 5
Tampa, Florida 33	Ve, Ste 1500 Address 6602 State and Zip Address ALLAH ZIP ALLAH ZIP ALLAH ZIP ALLAH ZIP ALLAH ZIP
City,	State and Zip
6. The name and address of the new registered a	gent and/or office:
Mark Straley, Esq	uire FLOR 2:
	Name That Suite 200
100 E. Madison St	reet, Suite 300
Florida street address	s (P.O. Box NOT acceptable)
Tampa	FL 33602
City, S	tate and Zip
confirmed that after the change or changes are mand the business office of the registered agent will liability company, it is hereby confirmed that the	
Donald A. Buck, Managing Member	
(Printed or typed name of signee)	
I hereby accept the appointment as registered a comply with the provisions of all statutes relative and I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being j address, I hereby confirm that the limited liabilit	gent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, s of my position as registered agent as provided for in filed to merely reflect a change in the registered office y company has been notified in writing of this change.
Mark K Straley P.	O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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