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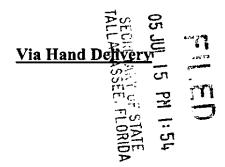
SUITE 600 301 South Bronough St. (32301) . Post Office Box 11189 CLERMONT TALLAHASSEE, FL 32302-3189 KEY WEST TEL 850-222-7717 LAKELAND TEL 850-577-9090 MELBOURNE FAX 850-222-3494 NAPLES FAX 850-577-3311 gray-robinson.com ORLANDÓ TALLAHASSEE Тамра

kjusevitch@gray-robinson.com

July 15, 2005

Division of Corporations George Firestone Building 409 East Gaines Street Tallahassee, Florida 32301

To Whom It May Concern:



Enclosed for filing, please find STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY, along with a check in the amount of \$25.00 for the applicable filing fees for the following entity:

HOLIDAY BUILDERS REAL ESTATE, L.L.C. Document No.: L04000020632

Upon receipt, please "date stamp" the copy of this letter provided, and call me at 577-9090, when the document is ready. Thank you for your assistance.

Sincerely,

Karen F. Jusevitch

Paralegal

## 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 liabilit	y company is: <u>Holid</u>	ay Builders R	eal Ratate, L.L.C
2. The mailing address of the limi	ted liability company is:	_ 2293 W. Bau	Gallie Bouleward
Melbourne, FL 329.	35	,	
3/11/2004		L040000206	32
3. Date of filing/registration in Flo	orida .	4. Document num	ber
5. The name of the registered agen Florida Department of State:	t and the registered office	address as shown on	the records of the
<u>-</u>	ichard Hawkes		75 S
	Name		
2.	293 W. Bau Galli	e Boulevard	Pro F
<del> </del>	Address		35 TS
M	elbourne, FL 329	35	SE T
	City, State and 2	ip	W. 3. 3
6. The name and address of the ne	w registered agent and/or	office:	SECKE AND SEE FLORID
ĸ	athryn Byrnes		ēm *
<del></del>	Name		<b>P</b>
2	293 W. Bau Galli	e Boulevard	
	a street address (P.O. Box		
<u>Mel</u>	bourne FL 32		
	City, State and Zi	p	
If the limited liability company is confirmed that after the change or and the business office of the regis liability company, it is necessy conthe members of the limited liability the operating agreement of the limited liability that the limited liability is a supplied to the limited liability that the limited liability is a supplied to the limited liability that the limited liability is a supplied liability is a supplied liability that the limited liability is a supplied liability that the liability	changes are made, the Flostered agent will be identified that the change(s) y company or as otherwis ited liability company.	orida street address o	f the registered office
Kathryn Byrnes (Printed or typed name of signee)		-	
I hereby accept the appointment of comply with the provisions of all sand I am familiar with and accept Chapter 608, 148, Or, if this accuradates, I hereby confirm that the	s registered agent and ag tatules relative to the pro the obligations of my pos ment is being filed to mer limited liability company	ree to act in this cap per and complete pe ition as registered a ely reflect a change has been notified in	acity. I further agree to formance of my duties, gent as provided for in in the registered office writing of this change.

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

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