2007 LIMITED LIABILITY COMPANY

CITY-SI-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

Secretary of State 01-22-2007 90150 046 ****50.00 **DOCUMENT # L04000023639** SARASOTA MAIN STREET INVESTORS, L.L.C. Principal Place of Business Mailing Address 118 WEST ADAMS STREET, SUITE 700 118 WEST ADAMS STREET, SUITE 700 JACKSONVILLE, FL 32202 JACKSONVILLE, FL 32202 01172007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1656725 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent ALTES, MICHAEL A. DO NOT WRITE **4219 LEXINGTON AVENUE** JACKSONVILLE, FL 32210 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered cilice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered age SIGNATURE. Signature, typed or printed name of reg (NOTE: Registered Agent signature required when remataling) DATE Filing Fee is \$50.00 Due by May 1, 2007 MANAGING MEMBERS/MANAGERS MGRM TITLE LB JAX DEVELOPMENT, L.L.C. 118 WEST ADAMS STREET, SUITE 700 STREET ADDRESS JACKSONVILLE, FL 32202 CITY-51-71P IIILE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE ary-st-ze IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP me STREET ADDRESS CITY-SI-ZIP MLE STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Floride Statutes, I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the firmited liability company or the receiver or jrustee empowered to execute this report as required by Chapter 608, Florida Statutes.

O DEMBER, OR AUTHORIZED REPRESENTATIVE

FILED Feb 27, 2007 8:00 am

904.598.1368

2/14/07