04000024759

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Ruden McClosky

222 LAKEVIEW AVENUE SUITE 800 WEST PALM BEACH, FLORIDA 33401-6112

> (561) 838-4516 FAX: (561) 514-3416 LAURA.RUMMANS@BUDEN.COM

January 19, 2005

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

Re: Statement of Change of Registered Agent regarding Promised Villages, LLC

Dear Sir or Madam:

Enclosed please find my client's Statement of Change regarding Registered Agent along with the filing fees of \$25.00. You will also find a copy of this document which I would ask that you stamp as received by your office. If additional information is required, please do not hesitate to contact us.

If you have any questions, please feel free to contact me.

Best regards,

emmas

Laura L. Rummans

LLR/wg Enclosures FILED 2005 JAN 21 PH 4: 19 2005 JAN 21 PH 4: 19 2007 CORPORATIONS 2007 CORPORATIONS

WPB:196195:1

RUDEN, McCLOSKY, SMITH, SCHUSTER & RUSSELL, P.A.

CARACAS = FT. LAUDERDALE = MIAMI = NAPLES = ORLANDO = PORT ST. LUCIE = SARASOTA = ST. PETERSBURG = TALLAHASSEE = TAMPA = WEST PALM BEACH

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 lim	iited liability company i	s: Promised Villages, LLC	
2. The mailing address			
1503 S.W. First Ave	nue		
03/31/04		L04000024759	
3. Date of filing/registr	ration in Florida	4. Document number	
5. The name of the regi Florida Department of		istered office address as shown o	n the records of the
	2600 N. Military T	Name Trail, 4th Floor	200
	Boca Raton, Flori	Address da 33431	FIL 2005 JAN 21 2005 JAN 21
	Cit	y, State and Zip	ASS 21
6. The name and addres	ss of the new registered	agent and/or office:	SEEP PH
	Melissa H. Parke	r	FIGR 5
	1503 S.W. 1st Av	Name neue	19 JRIDA
	Florida street addre	ess (P.O. Box NOT acceptable)	01
	Ocala	_{FL} 34474	

City, State and Zip

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.

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

Lance Kim, Authorized Representative

(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. Thereby confirm that the limited liability company has been notified in writing of this change.

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

FILING FEE: \$25.00