Florida Department of State Division of Corporations

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and the communication of the c

From:

: GASEMAN & ASSOCIATES, P.A. Account Name

Account Number : 075350000514

Fax Number : (727) 443-5829

REGISTERED AGENT CHANGE

BREEZY ACRES PARK LOT 14, L.L.C.

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NO. 7333 P. 2

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provision liability company submit agent, or both, in the State	ns of sections 608.4. s the following states le of Florida.	16 or 608.308, Florida Stonent in order to change its	atutes, the undersigned limited s registered office or registered	
1. The name of the limits	ed liability company i	s: BREEZY ACRES PARK	LOT 14, L.L.C.	
2. The mailing address o	f the limited liability	company is:		
PO BOX 1616, DUNE	IN, FL 34697			
04/09/2004		L04000027	7150	
3. Date of filing/registrat	ion in Florida	4. Documer	at number	
5. The name of the registr Florida Department of	State:	ristered office address as sh	own on the records of the	
	LAGRANDE, L	OUIS A ESQ Name		
	1245 COURT ST	REET, SUITE 102		
	OLEADIMATES	Address	<del>***</del>	
	CLEARWATER,	y, State and Zip		
6. The name and address		•	•	
	GASSMAN, ALA	<u>\N</u>		
	1245 COURT ST	Name REET; SUITE 102	ZOOT MAY	
		SS (P.O. Box NOT accepta	ible)	
	CLEARWATER,	FL 33756	NSS NSS	(CO)
•		State and Zip		2
confirmed that after the c and the business office of liability company, it is he	hange or changes are f the registered agent a treby confirmed that the nited liability compan	he change(s) was/were auth Ny oras otherwise provided	1	- 1
(Signature of a member or author	rized representative of a men	nber)	,	
ALAN GASSMAN, AU (Printed or typed name of signes		ESENTATIVE		
	intment as registered is of all statutes relative decapt the obligation this document is being that the limited liabi	agent and agree to act in ti tive to the proper and compl ons of my position as regist g filed to merely reflect a cl lity company has been noti	his capacity. I further agree to lete performance of my duties, ered agent as provided for in hange in the registered office fied in writing of this change.	
(Signature of Registered Agent)				

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