

LO4000032466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

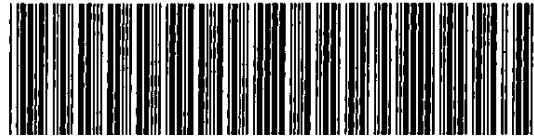
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100076973281

07/11/06--01016--026 \*\*25.00

FILED

2006 JUL 11 PM 1:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LO4-32466  
AK

# NATIONAL RECREATIONAL PROPERTIES, INC.

Legal Department  
One Mauchly  
Irvine, California 92618  
Telephone: (949) 699-4253  
Facsimile: (949) 454-7456

July 5, 2006

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

Re: **Change of Registered Agent**

Dear Sir:

Enclosed are the original and one copy each of Statement of Change of Registered Office or Registered Agent for the following entities, together with the appropriate filing fee:

1. SNL Municipal Income Fund, LLC
2. National Recreational Properties of Hot Springs Village, LLC
3. National Recreational Properties of Tellico Village, LLC
4. National Recreational Properties of Diamondhead, LLC
5. National Recreational Properties of Oklahoma, LLC
6. National Recreational Properties of Sugarmill, LLC
7. National Recreational Properties of Palm Bay, LLC
8. National Recreational Properties of Sun 'N Lakes, LLC

We would appreciate your filing the original of each Statement of Change and returning to us a conformed copy with the filing date stamped thereon in the Federal Express envelope provided. Thank you.

Very truly yours,

NATIONAL RECREATIONAL  
PROPERTIES, INC.

*Ethel George*  
Ethel George, Legal Assistant

Enclosures

FILED  
2006 JUL 11 PM 1:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: SNL MUNICIPAL INCOME FUND, LLC

2. The mailing address of the limited liability company is : ONE MAUCHLY

IRVINE, CA 92618

4/28/2004

L04000032466

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

National Recreational Properties of Port Charlotte, LLC

Name

211 U.S. HIGHWAY 27 NORTH

Address

SEBRING, FLORIDA 33870

City, State and Zip

6. The name and address of the new registered agent and/or office:

Robert E. Dady, Esq., Fieldstone, Lester, Shear & Denberg

Name

201 Alhambra Circle, #601

Florida street address (P.O. Box NOT acceptable)

Coral Gables FL 33134

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)

Michael L. Schack, Esq., Sr. V.P.-General Counsel

(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, I hereby confirm that the limited liability company has been notified in writing of this change.*

(Signature of Registered Agent)

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

**FILING FEE: \$25.00**

FILED  
2006 JUL 11 PM 1:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA