

Florida Department of State

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Account Name : THE HOGAN LAW FIRM

Account Number : 120010000137 Phone : (352)799-8423 Fax Number : (352)799-8294

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REGISTERED AGENT CHANGE

WOODLAND WATERS DEVELOPMENT COMPANY, LLC

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Sourctary of State

May 24, 2004

THE ROCAN LAW FIRM

SUBJECT: WOODLAND WATERS DEVELOPMENT COMPANY, LLC

REF: L04000035036

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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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No.0361 P. 3

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 affice or registered agent, or both, in the State of Florida.

2. The mailing addr	ess of the limited liability com	pany is: 5409 Cotes River Drive	
New Port Richay,			
May 7, 2004		L04000035038	
3. Date of filing/registration in Florida		4. Document number	
5. The name of the re Floride Departmen		ed office address as shown on the records of the	

	5409 Cotee River Driv	ame No	
	5409 Cotee River Driv Ad New Port Richey, FL	dress	
6 The name and addr	5409 Cotee River Driv Ad New Port Richey, FL	dress 34652 Lie and Zip	
6 The name and add	5409 Cotee River Driv Ad New Port Richey, FL City, Sta	dress 34652 Lie and Zip	
6 The name and addr	New Port Richey, FL City, Sta	diress 34652 Le and Zip t and/or office:	

If the limited liability company is not organized under the laws of the State of Plouds, 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 afficement of the limited liability company.

City, State and Zip

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

Mark Swartsol, authorized representative

Brooksville

(Printed or typed hame of signos)

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 duites, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter of S. Or, if this document is being filed to merely reflect a change in the registered office address. I have 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

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