## L04000036516

(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



900040530309

08/27/04--01059--004 \*\*25.00

O4 AUG 31 PM 2: 19
SECRETARY OF STATE
FALLAHASSEE, FLORID

9/3/04 RAIRO Chg.

## FIELDSTONE LESTER SHEAR & DENBERG, LLP ATTORNEYS & COUNSELLORS AT LAW

RONALD FIELDSTONE, P.A. PAUL A. LESTER, P.A. DAVID SHEAR, P.A. MICHAEL B. DENBERG, P.A.

KENNETH R. DREYFUSS ANA V. DE VILLIERS STEVEN A. GOLD REBECCA L. ABRAMS

SUNTRUST PLAZA, SUITE 601 201 ALHAMBRA CIRCLE CORAL GABLES, FLORIDA 33134 TELEPHONE 305.357.1001 FACSIMILE 305.357.1002

OF COUNSEL:

ROBERT E. DADY, P.A. ALSO MEMBER N.Y. BAR

LEE J. OSIASON, P.A.

MICHAEL J. ROSENBAUM, P.A.

August 24, 2004

Florida Department of State Division of Corporations Registration Section 409 E. Gaines Street Tallahassee, FL 32399

Re:

Southern Hospitality Resorts & Residences, LLC and

600 North Developers, Inc.

Gentlemen:

Enclosed you will find Statements of Registered Agent for filing, together with checks in the sums of \$25.00 and \$35.00, representing the filing fees.

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

. Puldetne (cs

Encls.

RRF\cs

## 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.

<b>3</b> ,				
1. The name of the limite	d liability company is:	Southern Hospitality Resorts	and Residences, LLC	
2. The mailing address of	the limited liability cor	mpany is: 600 North Atlantic A	venue,	
Daytona Beach, FL 32				
5/13/2004		L04000036516		
3. Date of filing/registration in Florida		4. Document numbe	4. Document number	
5. The name of the registe Florida Department of		ered office address as shown on t	he records of the	
	201 ALHAMBRA CI	Name RCLE STE. 601	THE ME	
· · · · -	CORAL GABLES FI	Address L 33134 State and Zip	O4 A	
6. The name and address	of the new registered ag	ent and/or office:	AUG 31	
	CHARLES A. BRAY	,	<u> </u>	
	600 NORTH ATLAN	Jame ITIC AVENUE	TO PA	
	Florida street address	(P.O. Box NOT acceptable)	2: 19 2: 19	
	DAYTONA BEACH	<sub>FL</sub> 32118	<b>≯</b>	
,	City, St	ate and Zip		
confirmed that after the cl	nange or changes are ma the registered agent will reby confirmed that the d liability company or a of the limited liability co		the registered office	
CHARLES A. BRAY				
(Printed or typed name of signee)		· ·		
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm	intment as registered ag is of all statutes relative d accept the obligations his document is being fi that the limited liability	tent and agree to act in this capac to the proper and complete perfo t of my position as registered age tiled to merely reflect a change in y company has been notified in wi	city. I further agree to symance of my duties, nt as provided for in the registered office riting of this change.	
(Signature of Registered Agent)				

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

INHS18(10/99) FILING FEE: \$25.00