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(Requestor's Name)				
(Address)				
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(dates)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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WEIMER & CO., LLC

Attorneys at Law
1790 Town Park Blvd., Suite B
(City of Green)
Uniontown, Ohio 44685
330-896-4500
330-896-8631 (Facsimile)

David P. Weimer

Of Counsel: Paul E. Weimer Michael B. Humphrey

December 19, 2005

Registration Section Division of Corporations PO Box 6327 Tallahassee, Florida 32314

Re:

Independence Lot No. 92, LLC Independence Lot No. 93, LLC

Tropical Waves Development Group, LLC

Sur La Mer Properties, LLC

To Whom It May Concern:

Please find enclosed your Transmittal Letter form, along with four (4) STATEMENTS OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY, for the above-referenced limited liability companies. Also enclosed is our check in the amount of \$100.00 for the filing fees. Please file same upon your records and return date stamped copies to the undersigned in the envelope provided.

Very truly yours,

WEIMER & CO., LLC

Di PWin

David P. Weimer Attorney at Law

DPW/bh Encl.

COVER LETTER

Division of Corporations	
SUBJECT: Sur La Mer Properties, (Name of	LLC Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
David P. Weimer	
(Name of Person)	
Weimer & Co., LLC	
(Firm/Company)	
1790 Town Park Blvd, Suite B	
(Address)	
Uniontown, Ohio 44685	
(City/State and Zip Code)	
For further information concerning this mat	ter, please call:
i or running and man	io, product carri
David P. Weimer	at (330) 896-4500
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the followi	ng amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

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: Sur La Mer Properties, LLC				
2. The mailing address of	f the limited liability comp	any is : 1790 Town Park Blvd,	Suite B	
Uniontown, Ohio 44685		•		
May 13, 2004		L04000036766	*	
3. Date of filing/registration in Florida		4. Document number		
5. The name of the register Florida Department of	State:	ed office address as shown on the Sq.	records of the	
	4933 Tamiami Trail N	North, Suite 200		
	Ade	dress		
	Naples , FL City, Sta	te and Zip	-t 0	
6. The name and address of the new registered agent and/or office:				
Adam L. Carriero			ASE 27 三	
Name 2288 Hawksridge Loop		р	PM 2: 28 7 PM 2: 28 SEE, FLORID	
	Florida street address (P	O. Box NOT acceptable)	02E 2	
	Naples, F City, State	L 34105	DET 8	
	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)				
David P. Weimer, Esq (Printed or typed name of signee)				
, ,		t and agree to act in this capacity the proper and complete perform my position as registered agent a l to merely reflect a change in the ompany has been notified in writin	. I further agree to ance of my duties, is provided for in registered office ng of this change.	

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