## L040000 36796

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	, *****
(Cit	ty/State/Zip/Phone	e #)
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(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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## SUPERIOR

INFORMATION SERVICES, LLC

P.O. Box 8787 Trenton, NJ 08618-1427 800-848-0489 Fax 609-883-7891 www.superiorinfo.com

Date: January 10, 2005

To: Florida Division of Corporations

From Shubha Aravindan, Corporate Services Department

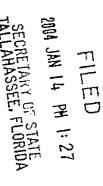
Re: Change of Registered Agent (Entity: 8104 Windsor Palms LLC)

Enclosed is the Statement of Change of Registered Agent for the above referenced Limited Liability Company and check number **000396** in the amount of \$25 towards filing fee.

Please return a stamped-filed copy to us in the envelope provided.

Should you have any questions or need further information, please contact me at 609-883-7000 ext. 5413.

Thank you for your assistance with this matter.



## 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 l	imited liability compa	eny is: 8104 Wind	dsor Paims, LLC	•	
2. The mailing addre	ess of the limited liabi	lity company is :			
<del>-</del>	Lane, Hamburg, NY 14				
TO T STRICT THE THE OWN	man and treatment and that the			·	
3. Date of filing/regi	stration in Florida		4. Document number	•	
05/14/2004 5. The name of the re Florida Department	gistered agent and the	e registered offic	L04000036796 e address as shown on the	records of the	
*	Lylen, lan J				
	,	Name			
	C/o Korshak & A	ssociates,2345 Sa	nd Lake Rd,Ste120-B		
		Address		2004 SEC	
	Orlando, FL 3280	9			
7.		City, State and	Zip -	JAN SRETT	T
6. The name and addi	ess of the new registe	ered agent and/or	office:	ASSE WIN	
	NRAi Services, In	c. '		m <sub>e</sub> <sub>2</sub>	
		Name			
	526 E. Park Aveni			87 F	
	Florida street a	ddress (P.O. Box	: NOT acceptable)	27 RIDA	
	Tallahassee	FL 3280	1		
	(	City, State and Zi	P		
confirmed that after the and the business office liability company, it is the members of the linthe operating agreement.	ne change or charges e of the registered ags shereby confirmed the mited liability comparent of the limited liability.	are made, the Fleent will be identi- at the change(s) my or as otherwis lity company.	tws of the State of Florida orida street address of the cal. Or, in the case of a F was/were authorized by a e provided in the articles	registered office forida limited in affirmative vote of	
(Signature of a member or a	uthorized representative of a	member]			
Lee Webber					
(Printed or typed name of si-	gnoc)		•		
I hereby accept the a comply with the provi and I am familiar with Chapter 608, F.S. Or address, I hereby com NRAI Septoss line.	Blady A	red agent and ag stative to the pro- ations of my pos- eing filed to mer ability company	ree to act in this capacity per and complete perform ition as registered agent ely reflect a change in the has been notified in writi	i. I further agree to iance of my duties, as provided for in registered office ng of this change.	
	U	) 10 DAN 622	/ 7. Tallahassee, FT. 3231	14	
z z z	CHARDII III TADEISISSALIOI	384 EALA 1998 1932	J. THIMINASSES, CI. 5451	<b>4</b> _	

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**FILING FEE: \$25.00**