## L04000038801

SMITH SAUER & DEMARIA ATTORNEYS AT LAW  510 E. ZARAGOZA POST OFFICE BOX 12446 PENSACOLA, FLORIDA 32591-2446	000042821740
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J. BETTAN DEC 9 2004

## 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 limit	ed liability company is:	La Serena on Perdido Key, L	LC
		mpany is: P.O. Box 524	
Orange Beach, Alaba			<u>=</u>
05/21/2004		L04000038801	
3. Date of filing/registra	tion in Florida	4. Document number	ar .
5. The name of the regist Florida Department of		tered office address as shown on t	he records of the
	13599 Perdido Key	Name Drive, Unit T-8C	
	Pensacola, FL 3250	Address 07	er e
		State and Zip	
6. The name and address	of the new registered ag	gent and/or office:	夏夏四
	G. Thomas Smith		29 LE
	510 East Zaragoza	Name Street	2804 NOV 29 PM 3: 44  2804 NOV 29 PM 3: 44  COST ORATION DELIVERY CLOSEE, FLORIDE
	Florida street address	s (P.O. Box NOT acceptable)	RAT.
	Pensacola	FL 32502	10 A C
	City, S	tate and Zip	
confirmed that after the cand the business office o	change or changes are me fithe registered agent will be redistered agent will be reby confirmed that the red liability company or the limited liability confirmed that the redistribution of the redistribution of the liability confirmed that the redistribution of the liability confirmed that the redistribution of the liability confirmed that the redistribution of the red		the registered office
	rized representative of a memor	ж)	
William C. Dyess (Printed or typed name of signed	<del>)</del>	and the second s	<b>u</b> ,
I hereby accept the appo comply with the provisio and I am familiar with a Chapter 608, F.S. Of A address, I hereby confirm		gent and agree to act in this capac e to the proper and complete perfo s of my position as registered age filed to merely reflect a change in ty company has been notified in w	city. I further agree to ormance of my duties, nt as provided for in the registered office riting of this change.
(Signature of Registered Agent)	(Signature of Registered Agent)		
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314			

Division of Corporations, r.O. Dox 032/, Tananassee, RL 3231

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