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| (Re | equestor's Name) | |
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| (Oil | yrotato/Zipii none | ~ 11) |
| PICK-UP | WAIT | MAIL |
| (5) | | |
| (Bu | siness Entity Nan | ne) |
| (Document Number) | | |
| Certified Copies | Certificates | of Status |
| | _ | |
| Special Instructions to Filing Officer: | | |
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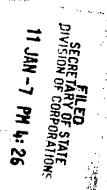
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B. KOHR
JAN 1 1 2011
EXAMINER



COVER LETTER

TO:. Registration Section Division of Corporations

| SUBJECT: CIG GI | CIG GREAT FLORIDA FUND, LLC | | |
|---|--|--|--|
| Name o | of Limited Liability Company | | |
| Dear Sir or Madam: | | | |
| The enclosed Registered Agent/Registered | d Office Change and fee(s) are submitted for filing. | | |
| Please return all correspondence concerni | ng this matter to the following: | | |
| | | | |
| Robert Blanchard | | | |
| Name of Person | | | |
| CIG GREAT FLORIDA FUNI | D. LLC | | |
| Firm/Company | | | |
| | | | |
| 9210 SW 73 ROAD, 2ND FI | <u>_OOR</u> | | |
| Address | | | |
| PINECREST, FL 33150 | 8 | | |
| City/State and Zip Code | <u> </u> | | |
| | | | |
| rblanchard@expressequityle E-mail address: (to be used for future annual repo | g.com | | |
| E-mail address: (to be used for future annual repo | rt notification) | | |
| For further information concerning this ma | atter, please call: | | |
| | | | |
| Robert Blanchard | at (305) 666-5363 | | |
| Name of Person | Area Code & Daytime Telephone Number | | |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: | | |
| Registration Section | Registration Section | | |
| Division of Corporations | Division of Corporations | | |
| Clifton Building | P.O. Box 6327 | | |
| 2661 Executive Center Circle | Tallahassee, Florida 32314 | | |
| Tallahassee, Florida 32301 | • | | |
| Enclosed is a check for the follow | ving 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.

| agein, or bonn, in the state of 1 to the | | |
|--|---|--|
| Name of the limited liability company: | CIG GREAT FLORIDA FUND, LLC | |
| 2. (a) Principal office address of limited liability | company: 9210 SW 73 ROAD | |
| (Note: MUST BE STREET ADDRESS) | 2ND FLOOR PINECREST, FL 33156 | |
| (b) Mailing address of limited liability compar | ny: 9210 SW 73 ROAD | |
| (Note: MAY BE POST OFFICE BOX) | 2ND FLOOR PINECREST, FL 33156 | |
| 06/9/2004 | L04000043675 | |
| 3. Date of filing/registration in Florida | 4. Document number | |
| 5. (a) Registered Agent and Registered Office sh | nown on the records of the Florida Dept. of State | |
| Registered Agent: | RICARDO RIVERA | |
| Registered Office Address: | 9210 SW 73 ROAD PINECREST, FL 33156 | |
| (b) Enter name of NEW Registered Agent and NEW Registered Agent: | d/or NEW Registered Office address: ROBERT BLANCHARD | |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRE | 9210 SW 73 ROAD 2ND FLOOR PINECREST ,FL33156 | |
| and the business office of the registered agent will liability company it is hereby confirmed that the confirmed that the confirmed that the confirmed the limited liability company or the operating agreement of the limited liability of the limite | de, the Florida street address of the registered office | |
| | | |

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

INHS18 (05/08)

Signature of Registered Agent