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To:

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From;

Account Name : LAW OFFICE OF KENT A. SKRIVAN, PLLC

Account Number : 120040C00145 Phone : (239)597-4500

Fax Number : (239) 597-5623

REGISTERED AGENT CHANGE

FOURTE LLC

Certificate of Status	0
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11/16/2004



FLORIDA DEPARTMENT OF STATE Glenda B. Hood Secretary of State

November 18, 2004

FOURTE LLC 1101 KINGS WAY NAPLES, FL 34104

SUBJECT: FOURTE LLC REF: L04000044078

We received your electronically transmitted document. | However, the document has not been filed. Please make the following corrections and refex the complete document, including the electronic filing cover sheet.

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Division of Corporations - P.O. BOX 6327 -Tallahasses, Florida 32314

239 597 5623 TO 18502050380

P.03

P.02

PEGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of Section 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.

- The name of the limited liability company is: FOURTE, LLC.
- 2. The mailing address of the limited liability company is:

1415 Panther Lane, Suite 428 Naples, Florida 34109

- 3. Date of Organization: 06/10/04 Document number: L04000044078
- 4. The name and address of the current registered agent and registered office on file with the Florida Department of State;

BUSINESS FILINGS INCORPORATED 660 East Jefferson Street Taliahassee, Florida 32301

5. The name and address of the new registered agent and office:

KENT A. SKRIVAN, ESQ.

LAW OFFICES OF KENT A. SKRIVAN

801 LAUREL OAK DRIVE, SUITE 705

NAPLES, FLORIDA 34108

Such change was authorized by the members in accordance with the Operating Agreement.

GAIL WEBSTER Member

Date

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The street address and business office address for the resident agent is:

LAW OFFICES OF KENT A. SKRIVAN, PULC 801 LAUREL OAK DRIVE, SUITE 705 NAFLES, FLORIDA 34108

I hereby accept the appointment as registered agent and agree to act in this capacity. I turther agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent as provided for in Chapter 608, F.S.

2

KINT A. SKRIVAN, Registered Agent

Date

** TOTAL PAGE .03 **

** IOTAL PAGE. 04 **

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