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CONELY & CONELY, P.A.

OFFICE LOCATION - 401 NORTHWEST SIXTH STREET, OKEECHOBEE, FLORIDA 34972

MAILING ADDRESS: POST OFFICE DRAWER 1367 OKEECHOBEE, FLORIDA 34973-1367

T.W. CONELY, JR. 1892-1969 TOM W. CONELY, III DEBORAH M. HOOKER

July 27, 2004

TELEPHONE - (863) 763-3825 TELEPHONE - (863) 763-2767

FACSIMILE - (863) 763-6856

Florida Department of State Division of Corporations Post Office Box 6237 Tallahassee, Florida 32314

Re: Brentwood Acres, LLC

Dear Sir/Madam:

Enclosed please find original and one copy of Statement of Change of Registered Office and Registered Agent for the above limited liability company together with our check in the amount of \$35.00 for the filing fee.

Please furnish our office with a conformed copy when it is filed.

Sincerely,

Betty Lanier

Secretary

Enclosures as stated



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 26, 2004

BETTY LANIER CONELY & CONELY, P.A. POST OFFICE DRAWER 1367 OKEECHOBEE, FL 34973-1366

SUBJECT: BRENTWOOD ACRES, LLC

Ref. Number: L04000046454

We have received your document for BRENTWOOD ACRES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the attached form to change the Registered Agent information for this Limited Liability Company, the form submitted is for a Corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges Document Specialist

Letter Number: 704A00052168

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 lin	mited liability company is: _	BRENTWOOD ACRES, LLC	
2. The mailing address	ss of the limited liability com	pany is: P.O. BOX 2009, O	KEECHOBEE, FL 34973
June 21, 2004		L04000046454	······································
3. Date of filing/registration in Florida		4. Document numbe	r
5. The name of the rep Florida Department		red office address as shown on t	he records of the
	MARK TROENDLE		
	i	Vame	•
	406 S.W. 2nd Stre	et	
	A	ddress	
,	Okeechobee, FL 349		
	City, S	tate and Zip	32.00
6. The name and addr	ess of the new registered age	nt and/or office:	1001 T
	MARK TROENDLE		22 F
Name		Market 1	
405 S.W. 22nd Street			
	Florida street address (P.O. Box NOT acceptable)		PM w 02
	Okeechobee	FI 34974	102 Jaie Jaie
	City, Sta	te and Zip	
If the limited liability confirmed that after the	company is not organized ur ne change or changes are mad	der the laws of the State of Flor le, the Florida street address of t	ida, it is hereby he registered office

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)

MARK TROENDLE

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further 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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

FILING FEE: \$25.00