L0400048020

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| · |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| 189 707 671 |

Office Use Only

L04-48020



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T. CLINE

FEB - 8 2010

EXAMINER



December 22, 2009

MARK JAMIESON 111 NORTH ORANGE AVENUE ORLANDO, FL 32802

SUBJECT: TALON PROPERTIES LLC

Ref. Number: L04000048020

We have received your document for TALON PROPERTIES 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):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 909A00038772



January 4, 2010

MARK JAMIESON 111 NORTH ORANGE AVENUE ORLANDO, FL 32802

SUBJECT: TALON PROPERTIES LLC

Ref. Number: L04000048020

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Letter Number: 909A00038772

Marsha Thomas Regulatory Specialist II

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| | Properties, LLC ed Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office | Change and fee(s) are submitted for filing. |
| Please return all correspondence concerning this | matter to the following: |
| Mark H. Jamieson | |
| . Name of Person | |
| Moran Kidd Lyons Johnson & Berkson, Firm/Company | |
| 111 N. Orange Avenue, Suite 1200 | 1:05 |
| Orlando, FL 32802 City/State and Zip Code | 1940. |
| mjamieson@morankidd.com E-mail address: (to be used for future annual report notifica | ation) |
| For further information concerning this matter, p | lease call: |
| Mark Jamieson at (| (407) 841-4141 Area Code & Daytime Telephone Number |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |
| Enclosed is a check for the following an | nount: *check for filing fee previously sent* |
| \$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.

| Name of the limited liability company: | Talon Properties, LLC |
|---|--|
| 2. (a) Principal office address of limited liability company | 7: 5206 Crestline Way |
| (Note: MUST BE STREET ADDRESS) | Pleasanton, CA 94566 |
| (b) Mailing address of limited liability company: | |
| (Note: MAY BE POST OFFICE BOX) | |
| 6/28/2004 | L0400048020 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. (a) Registered Agent and Registered Office shown on | the records of the Florida Dept. of State: |
| Registered Agent: | United States Corporation Agents, Inc. |
| Registered Office Address: | 13302 Winding Oaks Blvd Suite A-100 Tampa, FL 33612-3425 |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> | W Registered Office address: |
| <u>NEW</u> Registered Agent: | Mark H. Jamieson |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | Moran Kidd Lyons Johnson & Berkson, P. A 111 N. Orange Avenue, Suite 1200 Orlando ,FL 32802 |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member | lorida street address of the registered office |
| | |
| James A. Banton Printed or typed name of signee | |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company. | agree to act in this capacity. I further agree to oper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change. |
| Signature of Registered Agent | |

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