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(Requestor's Name)	TARY OF STATE ASSEE, FLORIDA
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(City/State/Zip/Phone #)	10/15/04D1036004 **25.00
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(Document Number)	
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October 4, 2004

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SECRETARY OF STATE

TO: Amendment Section

Division of Corporations

SUBJECT: Blake / Ezell Development 001, LLC

DOCUMENT NUMBER: L04000062318

The enclosed Statement of Change of Registered Agent for Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to:

William Ezell 808 West Waters Avenue Tampa, FL 33604

For further information concerning this matter, please call:

William Ezell 813 930-8442

Enclosed herewith, please find one check made payable to the Department of State in the amount of \$25.00.

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 of reactived agent, or both, in the State of Florida.

1. The name of the limited	l liability company is:	Blake / Eze	ell Developm	nent 00	01, LLC 2004-067		
2. The mailing address of				tore A	Venue	15 P	3: 29
Tampa, FL 33604	· · · · · · · · · · · · · · · · · · ·	···		T/	SECRETA ALLAHAS	RY OF S SEE, FI	TATE ORIO
August 23, 2004			L04000062				<i>О</i> щ
3. Date of filing/registration	on in Florida	4	1. Document	number	r		_
5. The name of the register Florida Department of S		tered office ac	ddress as shov	vn on t)	ne records	of the	
	808 West Waters A	Name venue					
	Tampa, FL 33604	Address State and Zip					
6. The name and address of	•	*					
	Leslie W. Hudock		1				
_	601 Bayshore Boule	Name evard Suite	700	<u> </u>			
_	Florida street address	(P.O. Box N	OT acceptabl	e)			
_	Tampa,	_{FL} 33606					
	City, St	tate and Zip					
If the limited liability comp confirmed that after the cha and the business office of the liability company, it is here the members of the limited the operating agreement of (Signature of a member or authorize	ange or changes are make registered agent will by confirmed that the liability company or a the limited liability co	ade, the Floric Il be identical change(s) was as otherwise p ompany.	da street addre . Or, in the ca s/were author	ess of thase of a rized by	ne registere Florida lin an affirma	ed office nited ative vote	e of r
•	ed representative of a member	1,					
William A. Ezell (Printed or typed name of signee)			. 1		•		
I hereby accept the appoin comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm to	tment as registered ag of all statutes relative accept the obligations is document is being f hat the limited liability	gent and agree to the proper s of my positio iled to merely y company ha.	e to act in this and complete on as registere reflect a char s been notifie		ity. I furth rmance of t as provid he register iting of this	er agree my duties led for in red office s change	to s,
(Signature of Registered Agent)							

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314