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FISHER, RUSHMER, WERRENRATH, DICKSON, TALLEY & DUNLAP, P.A.
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07/29/05--01027--002 **25.00

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SECRETATES FLORIDA

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 limite	ed liability company is:	hompson Hills Estates, L	LC			
				Suite	2002	
		pany is: 377 Maitland Av	51140	, Ouito		*1
Altamonte Springs, FL	. 32/01		<u>. </u>			
August 25, 2004		L04000062704	4			_
3. Date of filing/registrat	ion in Florida	4. Document nur	nber			
5. The name of the register Florida Department of	ered agent and the registere State:	ed office address as shown	on the	e records	s of th	1e
•	Russell K. Dickson, Jr	•				
	N 20 N. Orange Avenue	ame , Suite 1500				
		dress	¥ £ :			
	Orlando, FL 32801	ite and Zip	- 	ZS:	9	
< TT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	• •	•			05 JUL 29	-
6. The name and address	of the new registered agen	t and/or office:		3	~	FOREST AND
	Mr. Malcolm F. Jones	r wat a - r	<u>.</u> .			(100 / 7 · 10
	Nar 5600 PGA Boulevard,	ne Suite 204	<u>.</u>	E, FLC	80 :11 MA	
	Florida street address (P	O. Box NOT acceptable)	i		80	منوت
	Palm Beach Gardens	_L 33418		D		
	City, State	and Zip				
confirmed that after the cl	hange or changes are made the registered agent will be reby confirmed that the characteristic company or as coff the limited liability company	ler the laws of the State of Fe, the Florida street address to identical. Or, in the case ange(s) was/were authorized therwise provided in the arpany.	of the	e registe: Florida li	red of	ffice d
(Printed or typed name of signee)	·					
. ,,		t and agree to act in this ca	macit	to I fairt	hor a	aree to
comply with the provision and I am fumiliarly with an Chapter 508 F.S. On if I address, I hereby comirm	thinesh as registered agents of all statutes relative to all accept the obligations of his document is being filed that the limited liability co	t and agree to act in this ca the proper and complete po f my position as registered a d to merely reflect a change ompany has been notified in	pacu erfori igent in th writ	y. I furth mance of as provi ie registe ting of th	f my bided j ided j red c is ch	gree to luties, for in Office ange.
(Signature of Registered Agent)		-				

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

FILING FEE: \$25.00