Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850) 222-1092

Fax Number

: (850)878-5368

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an	nual	repor	t mailin	gs.	Enter	only	one	email	add	res	s ple	ase,	*1

Email Address:

LLC REGISTERED AGENT CHANGE BENT CREEK PRESERVE, LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BENT CREEK PRESERVE, LLC

Name of Limited 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:

Dang Nguyen

Name of Person

NRAI Corporate Services Inc

Firm/Company

2875 Michelle Dr Ste 100

Address

Irvine, CA 92606

City/State and Zip Code

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Dang Nguyen

...949

955-9585

Name of Person

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 amount:

\$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

INHS18 (5/08)

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. Name of the limited liability company: BENT CREEK PRESERVE, LLC 2. (a) Principal office address of limited liability company: 15360 Barranco Parkway (Note: MUST BE STREET ADDRESS) Invine. CA 92618 (b) Mailing address of limited liability company: 16360 Barronco Parkway (Note: MAY BE POST OFFICE BOX) Irvino, CA 92819 9/14/2004 L04000087513 Date of filing/registration in Florida Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State; Registered Agent: KRONENGOLD, JEFFREY ESQUIRE Registered Office Address: 825 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071 3 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: S œ **NEW** Registered Agent: NRAI Services, Inc. 1200 South Pine Island Road **NEW** Registered Office Address: MUST BE FLORIDA STREET ADDRESS) FL 33324 Plantation If the limited liability company is not organized under the laws of the State of Florida, it is hereby

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 thember of authorized representative of a member

Outhorized representative of a member

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

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