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ACCOUNT NO. : 072100000032 REFERENCE: 709500 4321919 AUTHORIZATION ORDER DATE: January 11, 2007 ORDER TIME : 11:13 AM ORDER NO. : 709500-010 CUSTOMER NO: 4321919 CHANGE OF AGENT NAME: BEACH DRIVE DEVELOPMENT, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY XX_____PLAIN STAMPED COPY CONTACT PERSON: Doreen Wallace -- EXT# 2928

EXAMINER:

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 limited	d liability company is	BEACH D	RIVE DEVELOPMEN	VT, LLC	
2. The mailing address of	the limited liability	company is	:		
3800 Corporate Woods Drive,	Suite 100, Birmingham,	AL 35242			
			10400000000		
September 21, 2004			L04000068818		
3. Date of filing/registrati	on in Florida		4. Document nu	moer	
5. The name of the registe Florida Department of S		istered offic	e address as shown	on the records of the	
	S	cott B. Barlog	a	<u>.</u>	
	TAU O				
220 McKenzie Avenue				- [7]	
Address				全 商	
Panama City, FL 32401 City, State and Zip				- ASS	
	•	, ,	•	SEE O	
6. The name and address of the new registered agent and/or office:					
220 McKenzie Avenue Address Panama City, FL 32401 City, State and Zip 6. The name and address of the new registered agent and/or office: Corporation Service Company Name 1301 Have Street					
Name					
1201 nays Succe					
Florida street address (P.O. Box NOT acceptable)					
	Tallahassee	FL	32301		
	City,	State and Z	ip		
If the limited liability comconfirmed that after the chand the business office of liability company, it is her of the members of the lim or the operating agreemen	nange or changes are the registered agent vereby confirmed that the	made, the F will be ident he change(s	lorida street addres: ical. Or, in the cas:) was/were authoriz	s of the registered office e of a Florida limited	
(Signature of a member or authori	- //-1	nber)	_		
Jack Fiorella III, Sole Manager	r		_		
(Printed or typed name of signee)	•••				
I hereby accept the appoing the comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered s of all statutes relati d accept the obligation his document is bein that the limited liabi	agent and a ive to the pr ons of my po g filed to me lity compan	gree to act in this of oper and complete sition as registered rely reflect a chang y has been notified	capacity. I further agree to performance of my duties, I agent as provided for in se in the registered office in writing of this change.	
Michelle R	! Vannon	, -			
(Signature of Registered Agent)	Michelle R. Vannoy, Ass	t. Vice Preside	nt		

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