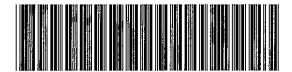
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Dr. Jose Marquina M.D.F.C.C.P.  11181 Health Park Bivd. Suite 2240 Naples, Fla 34110
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## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

December 2, 2004

DR. JOSE MARQUINA 11181 HEALTH PARK BLVD. SUITE 2240 NAPLES, FL 34110

SUBJECT: MUCHUCHIES PROPERTIES, LLC

Ref. Number: L04000071230

We have received your document for MUCHUCHIES PROPERTIES, LLC and your check(s) totaling \$60.00. 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) 245-6020.

Letter Number: 404A00067590.

Tammi Cline Document Specialist

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## 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 liability company is: Much uchies Properties.
2. The mailing address of the limited liability company is: P.O. Box 111179, Laplen.
FL 34108
Dec 7,2004  3. Date of filing/registration in Florida  Ref # LO4000 71230  4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:    Watha
6. The name and address of the new registered agent and/or office:
Name  12864 Bryn wood Way  Florida street address (P.O. Box NOT acceptable)  1290 FL 34108  City, State and Zip
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 member or authorized 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 auties, 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

INHS18(10/99)

**FILING FEE: \$25.00**