## 04000071506

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Susiness Entry Hame)					
(Document Number)					
· ·					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Office Use Only					



300075718363

RECEIVED
06 JUN-5 PH 2:53

2006 JUN -5 AM 9: 20



ACCOUNT NO. : 07210000032 REFERENCE : 7417111 AUTHORIZATION COST LIMIT : THE WASHOUT BY 20 ORDER DATE: May 31, 2006 ORDER TIME : :59 PM ORDER NO. : 144802 CUSTOMER NO: 7417111 CHANGE OF AGENT NAME: GEMINI RANCH LAKE 2, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY
XX PLAIN STAMPED COPY CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS:

## 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	d liability company i	s: GEMINI R	ANCH LAKE 2, LLC	<u> </u>	
2. The mailing address of	the limited liability	company is:			
17105 Kenton Drive, Suite 20	3-C, Cornelius, NC 2803	1			
. 10/01/2004			L04000071506		
3. Date of filing/registration	ion in Florida		4. Document no	ımber	
5. The name of the register Florida Department of	State:			on the records of the	
Philip H. Ward, III, Esq.  Name					
4420 Beacon Circle					
Address					
West Palm Beach, FL 33407					
	•	y, State and Z	•	702 %	
6. The name and address of	of the new registered	agent and/or	office:		
Corporation Service Company					
Name					
Florida street address (P.O. Box NOT acceptable)					
	Florida street addre	ess (P.O. Box	NOT acceptable,	)	
	Tallahassee	FL	32301	·	
	City,	State and Zip	Þ		
If the limited liability come confirmed that after the chand the business office of liability company, it is her of the members of the limited or the operating agreement (Signature of a member or authority).	nange or changes are the registered agent to reby confirmed that the thirt distribution of the limited liabil	made, the Flowill be idention the change(s) by or as other ity company.	orida street addres cal. Or, in the cas was/were authoriz wise provided in t	ss of the registered office se of a Florida limited	
Dante Massaro, Vice Presiden	t				
(Printed or typed name of signee)					
I hereby accept the appoint 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 ag ive to the pro ons of my pos g filed to mer lity company	ree to act in this of ber and complete ition as registered ely reflect a chan has been notified	capacity. I further agree to performance of my duties, I agent as provided for in ge in the registered office in writing of this change.	
(Signature of Registered Agent)	Jacqueline M. Giles, AVF	<u>. w</u>			

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