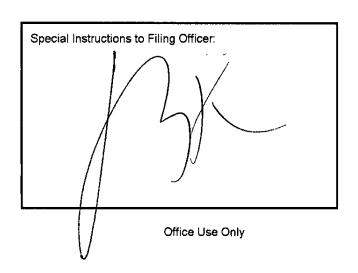
L04000071513

	(Red	questor's Name)					
· · ·	(Add	dress)	<u> </u>				
	(Add	dress)					
	(City	//State/Zip/Phone	÷ #)				
PICK-U	Ρ	☐ WAIT	MAIL MAIL				
	(Bus	siness Entity Nan	ne)				
(Document Number)							
Certified Copies		Certificates	of Status				





100075718381



ZDD6 JUN -5 AM 9: 20
SECRETARY OF STATE
SECRETARY OF STATE



ACCOUNT NO. : 07210000032 REFERENCE : 144802 7417111 THE WAS IN S. 20 AUTHORIZATION : COST LIMIT : ORDER DATE: May 31, 2006 ORDER TIME : :59 PM ORDER NO. : 144802 CUSTOMER NO: 7417111 CHANGE OF AGENT NAME: GEMINI RANCH LAKE 4, 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 RA	ANCH LAKE 4, LLC	<u>; </u>			
2. The mailing address of	the limited liability	company is:		-			
17105 Kenton Drive, Suite 20	3-C, Cornelius, NC 2803	1					
10/04/2004			L04000071513				
3. Date of filing/registration	on in Florida		4. Document nu	ımber			
5. The name of the registe Florida Department of S		sistered office	address as showr	on the records of the			
	Phili	p H. Ward, III, I	isq.	- LOS OF THE			
Philip H. Ward, III, Esq. Name 1420 Resear Circle							
	4420 Beacon Circle						
Address							
West Palm Beach, FL 33407 City, State and Zip							
6 The name and address	•	•	•	ALE O			
6. The name and address of	ine new registered	agent and/or	onice.	7			
	Corporat	tion Service Con	npany	_			
Name 1201 Hays Street							
Florida street address (P.O. Box NOT acceptable)							
	Tallahassee	FL	32301				
		State and Zir		·			
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 agreement (Signature of a member or authority)	nange or changes are the registered agent were confirmed that the limited liability companit of the limited liabil	made, the Flowill be idention the change(s) by or as otherwity company.	orida street addres cal. Or, in the cas was/were authoriz	s of the registered office e of a Florida limited			
Dante Massaro, Vice President (Printed or typed name of signee) I hereby accept the appoint comply with the provision and I am familiar with an Chapters 1 hereby confirm		agent and ag ive to the prop ons of my posi of the commen	ree to act in this of per 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.			
_ (acqueline	acqueline M. Giles, AVP		низ осон понучей	in writing of this change.			

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