L0 40000 71790

	(Requestor's Name)	
	(Address)	
······································	(Address)	
	(City/State/Zip/Phone	e #)
PICK-UF	P WAIT	MAIL
,	(Business Entity Nan	ne)
	(Document Number)	
Certified Copies	Certificates	of Status
Special Instructions	s to Filing Officer:	
	N/K	

Office Use Only



400075718434

RECEIVED FILL

OF JUN -5 PH 2: 55

SECRETARY

SECRETARY



ACCOUNT NO. : 072100000032

REFERENCE : 144802 7417111

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 9, 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 limited	l liability company is	S: GEMINI RA	NCH LAKE 9, LLC			
2. The mailing address of	the limited liability of	company is: _				
17105 Kenton Drive, Suite 203	3-C, Cornelius, NC 28031	1				
10/04/2004			L04000071790			
3. Date of filing/registration	on in Florida		4. Document nun	nberton		
5. The name of the register Florida Department of S		istered office	address as shown o	on the records of the		
	Philip	H. Ward, III, Es	sq			
Name Young to the Name						
	4420 Beacon Circle					
	Address					
West Palm Beach, FL 33407 City, State and Zip						
	-		•			
6. The name and address of	t the new registered	agent and/or o	ffice:			
	Corporati	ion Service Com	pany			
	120	Name 01 Hays Street				
Florida street address (P.O. Box NOT acceptable)						
		`	•			
	Tallahassee	FL State and Zip	32301			
	City,	State and Zip				
If the limited liability com confirmed that after the ch and the business office of liability company, it is her of the members of the lim or the operating agreemen (Signature of a member or authorized)	ange or changes are the registered agent veby confirmed that the ited liability compant of the limited liability and an analysis and an analysis are to the limited liability and an analysis are the limited liability and liabil	made, the Flor will be identicate change(s) was otherway by or as otherway company.	rida street address al. Or, in the case was/were authorized	of the registered office of a Florida limited d by an affirmative vote		
Dante Massaro, Vice President						
(Printed or typed name of signee)						
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if it address, I hereby confirm (Signature of Registered Agent)	ntment as registered sof all statutes relatification is document is being that the limited liabil acqueline M. Giles, AVP	212	ee to act in this ca er and complete pe ion as registered a ly reflect a change as been notified in	pacity. I further agree to erformance of my duties, agent as provided for in in the registered office a writing of this change.		

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