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Division of Comorations

Florida Department of State

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REGISTERED AGENT CHANGE

OCEAN DRIVE VACATION PROPERTIES, LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisio liability company submic agent, or both, in the Stat	ns of sections 608 s the following sta e of Florida.	3.416 or 608.50 stement in order	8, Florida Statutes, to change its registe	the undersigned limited tred office or registered	
1. The name of the limited liability company is: Ocean Drive Vacation Properties, LLC					
2. The mailing address o	f the limited liabili	ty company is:			
18301 Telegraph Creel	k Lane, Alva, Flor	rida 33920	·		
November 16, 2004		; · ·	L04000083006	· ,	
3. Date of filing/registrat	ion in Florida		4. Document numb	ет	
5. The name of the register Florida Department of		registered office	address as shown on	the recards of the	
-	Bruce D. Gre				
	4500 Day 20	Name	04- 000	* ***	
1520 Royal Palm Sq. Blvd., Ste. 320 Address					
- 111 ST 5					
		City, State and Z	$\overline{\mathbf{p}}$		
6. The name and address	of the new register	red agent and/or	office:	ASSI ASSI	
	Bruce D. Gree	∍n			
1380 Royal Palm Square Boulevard		FILED FEB 15 AM 9: 49 CKLISSEE, FLORID			
Florida street address (P.O. Box NOT acceptable)		EFF 5			
	Fort Myers	FL 339			
	Ċ	ity, State and Zip	2	· -	
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the lin or the operating agreement [Signature of a member or such	hange or changes a f the registered age areby confirmed that mited liability com- nt of the limited lia	are made, the Fk nt will be identicat the change(s) pany or as other billity company.	orida street address of cal. Or, in the case of was/were authorized	f the registered office f a Florida limited by an affirmative vote	
Bruce D. Green					
(Printed or typed name of signee)		, , , , , , , , , , , , , , , , , , ,		
I hereby accept the appo comply with the provision and I am familiar with at Chapter 608, F.S. Or, if address, I hereby confirm (Signature of Registered Agent)	iniment as register ns of all statutes re id accept the obliga- this document is thay the limited li	red agent and ag lative to the pro- ations of my pos- eing filed to mer- ability company	ree to act in this capt per and complete per ition as registered ag ely reflect a change it has been notified in t	acity. I further agree to farmance of my duties, ent as provided for in in the registered office writing of this change.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.90

INHS18 (8/05)