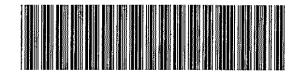
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Moore and . . Waksler, P.L., Attorneys at Law

1107 W. Marion Ave., Ste. 112 Punta Gorda, Florida 33950 Telephone: (941) 637-1955 Facsimile: (941) 637-8485 mwlaw@moore-wakslerlaw.com

August 16, 2005

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

To:

Amendment Section

Division of Corporations

Re: Mediterranean Properties, LLC. - Document Number of the company: L04000000251

To whom it may concern:

Please find enclosed the Statement of Change of Registered Office for the above limited liability company along with the required fee. Please return all correspondence to:

Moore and Waksler, P.L. 1107 West Marion Avenue, Suite 112 Punta Gorda, Florida 33950 Attention: Gary T. Fileman

Should there be any additional information or required steps necessary, please contact me at the number below.

Very truly yours,

Gary T. Fileman For the firm

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: _	Old Town, LLC		
2. The mailing address of	the limited liability comp	panyis: <u>5369 Davini S</u>	Street .	
Sarasota,	FL 34283	- -		
11/30/2004		L040000863	60	
3. Date of filing/registration in Florida		4. Document nu	4. Document number	
5. The name of the register Florida Department of S		ed office address as shown	on the records of the	
6. The name and address of	7673 Bergamn Av Ac Sarasota, FL 34 City, Sta f the new registered agen James H. Westmo Nan 5369 Davini Str	lame lenue ldress 238 ate and Zip at and/or office:	05 AUG 22 PM 2: 33 SECRET DE DESTATE TALLAHASSEE. FLORIDA	
If the limited liability comp confirmed that after the cha and the business office of t liability company, it is here the members of the limited the operating agreement of (Signature of a member or authoriz James H. Westmon (Printed or typed name of signee) I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 618, F.S. Or, if the address, I hereby confirm to	City, State cany is not organized under the registered agent will be confirmed that the characteristic company or as of the limited liability comed representative of a member)	der the laws of the State of le, the Florida street address be identical. Or, in the case lange(s) was/were authorize otherwise provided in the appany.	of the registered office of a Florida limited of by an affirmative vote of rticles of organization or	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

FILING FEE: \$25.00