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(Reque	estor's Name)
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(Busine	ess Entity Name)
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Certified Copies	Certificates of Status
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2006 OCT 11 AN IO: 56



ACCOUNT NO. : 072100000032

REFERENCE : 517936

7553406

AUTHORIZATION :

COST LIMIT : \$ 25.0

ORDER DATE: October 11, 2006

ORDER TIME : 10:16 AM

ORDER NO. : 517936-015

CUSTOMER NO: '7553406

CHANGE OF AGENT

NAME:

GULFSHORE CAPITAL PARNTERS

FUND I, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Cindy Harris -- EXT# 2937

EXAMINER:

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	is: GULI'SH	IORE CAPITAL PAR	TNERS FUND I, LLC		
2. The mailing address of	the limited liability	company is	; 15505 Monterossi	Lane, Unit 101.		
Naples, FL 34110						
09/22/2006			±06000 093234	L0400093057		
3. Date of filing/registrati	on in Florida		4. Document r			
5. The name of the registe Florida Department of S	red agent and the reg	gistered offi	ce address as show	on on the records of the		
•	Ma	- 40 8				
	Name C S					
15505 Monterosso Lane, Unit 101						
Address Naples, PL 34110						
	City, State and Zip					
6. The name and address of	f the new registered	agent and/o	r office:	06 OCT 1 PM 3: 3T		
	Corporation Service Company					
		7				
-	1201 Hays Street					
Florida street address (P.O. Box NOT acceptable)						
	Tallahassee	FL	32301	**************************************		
	City.	State and Z	ip			
If the limited liability come confirmed that after the chand the business office of liability company, it is her of the members of the lim or the operating agreement (Signaure of a member or authority).	ange or changes are the registered agent to confirmed that the liability compared the liabi	made, the F will be ident he change(s ny or as othe ity company	lorida street addre tical. Or, in the ca) was/were author rwise provided in	ss of the registered office		
(Signature of a member or authors	red representanve of a men	nher)				
Maximila	- Mar	2000				
(Printed or typod name of signee)	Maximilian Ma					
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	nment as registered; of all statules relative colors the obligation is document is being that the limited liabi	agent and a ive to the pr ons of my po e filed to me lity compan	igree to act in this oper and complete sition as registere rely reflect a chan y has been notified	capacity. I further agree to performance of my duties, d agent as provided for in see in the rejustered office I in writing of this change.		
(Signature of Registered Agent)	Hours	nii uniisaasaa		•		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25,00

INHS18 (8/05)