500016231

(Re	questor's Name)	<u> </u>
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP		MAIL
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(Do	cument Number)	
Certified Coples	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



04/03/06--01001--003 **25.00









CT 1203 Governors Square Blvd. Tallahassee, FL 32301-2960 850 222 1092 tel 850 222 7615 fax www.ctlegalsolutions.com

March 31, 2006

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re: Order #: 6606552 SO Customer Reference 1: none given Customer Reference 2: .

Dear Department of State, Florida:

Please file the attached:

Boca Bay Development II, LLC (FL) Change of Agent Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to the attention of the undersigned.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jennifer Murphy Fulfillment Specialist Jennifer.Murphy@wolterskluwer.com SECRETARY OF STATE DIVISION OF CORPORATIONS 2006 MAR 31 PM 4: 47

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: Boca Bay Development II, LLC

2. The mailing address of the limited liability company is : 10955 Nacirema Lane, Stevensville, MD 21153

February 16, 2005

L05000016231

3. Date of filing/registration in Florida

4. Document number

006 MAR 3

PH

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Maher, Robert T.	
Name	
1601 Jackson Street, Suite 201	
Address	- <u></u>
Fort Myers FL 33901	
City, State and Zip	
address of the new registered agent and/or office:	

6. The name and

William Sholk Name 865 St. Rd. 434, Suite A, Florida street address (P.O. Box NOT acceptable)

Altamonte Springs, 32714

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Do the	-	_		
(Signature of a member or authorized representative of	a member)			

ok Guli Cost Managers, ICC, General Manager of Guli Coast Properties of Maryland, LLC, Managing Member Snuce Sholk, Mr

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, thereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered A

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

INHS18 (8/05)