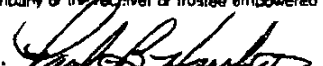


FILED
Mar 16, 2006 8:00 am
Secretary of State

30004000

100-443887-100

1st MOORE CR2E083 (10/05)

DOCUMENT # L05000017366 1. Entity Name CAUTHEN PROPERTIES, L.L.C.				Secretary of State 02-16-2006 90144 002 *****55.00	
Principal Place of Business 3800 LAKE GRIFFIN ROAD LADY LAKE FL 32159		Mailing Address PO BOX 737 LADY LAKE FL 32158		30002000 	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		1st MOORE CR2E083 (10/05)	
City & State Zip Country		City & State Zip Country		4. FEI Number 20-4476377 Applied For Not Applicable	
5. Certificate of Status Desired		☒ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent HARSH, PAUL B II 3800 LAKE GRIFFIN ROAD LADY LAKE FL 32159		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature should be printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when returning)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HARSH, PAUL B II 3800 LAKE GRIFFIN ROAD LADY LAKE FL 32159	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HARSH, LAURIE C 3800 LAKE GRIFFIN ROAD LADY LAKE FL 32159	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Feb 2, 2006 352 253-8256 Date Signature Phone #		