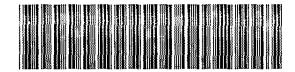
## 1050000 22459

(R	tequestor's Name)	
(A	ddress)	
(A	ddress)	
(C	City/State/Zip/Phone #)	<del></del>
PICK-UP	WAIT M	AIL
(B	susiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of Status _	
Special Instructions to	o Filing Officer:	
	8	30
<u></u>	Office Use Only	



900078153369

08/02/06--01041--001 \*\*25.00

SECHETARY OF STATE

## **COVER LETTER**

Division of Corporations		.** .
SUBJECT: PROPERTY VANTAGE	GE, LLC	
(Name o	of Limited Liability Company)	
•		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	ed Office Change and fee(s) are submitted for filing.	
Please return all correspondence concernia	ning this matter to the following:	
BRYAN KASSER		
(Name of Person)	<del></del>	
(D) (O)	<u></u> - ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥ ≥	<u> </u>
(Firm/Company)	LAPE CORE	S 7
7401 5TH AVENUE NORTH #1	14	2
(Address)	Ho	FILED 6 AUG -2 AM II: 23
•		~
ST PETERSBURG FL 33710		ယ်
(City/State and Zip Code)		
For further information concerning this ma	natter, please call:	
DDV/ANI/A00ED	707 450 0040	
BRYAN KASSER	at (727 ) 452-2843	
(Name of Person)	(Area Code & Daytime Telephone Number	r)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the follow	wing amount:	
<b>☑</b> \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

INHS18 (8/05)

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

Pursuant to the provisi liability company submit agent, or both, in the Sta	ons of sections 608.416 or 608.5 ts the following statement in orde tle of Florida.	08, Florida Statutes r to change its regi	s, the undersig stered office of	ned limited r registered	
1. The name of the limit	ed liability company is: PROPER	TY VANTAGE, LLC			
2. The mailing address	of the limited liability company is:	7401 5TH AVEN	UE NORTH, #	<i>†</i> 14	
ST PETERSBURG FL	. 33710				
3/3/2005	. <u></u>	L05000022459			
3. Date of filing/registra	ation in Florida	4. Document nur	mber	·	
5. The name of the regis Florida Department o	tered agent and the registered office f State:	e address as shown	on the records	of the	-
	MATTHEW WEIDNER	=	•	- ;	-
	Name 1229 CENTRAL AVE				
•	Address		-	· • · · · ·	
	ST PETERSBURG FL 337 City, State and		<u>-</u> -	· +	٠
6. The name and address	s of the new registered agent and/o	• .	•	06 AUG -2 HIII 23	
	BRYAN KASSER		_	岛。 1	2
•	Name 7401 5TH AVENUE NORT	H, #14		競~	3
	Florida street address (P.O. Bo	x NOT acceptable)		Mg E	
	ST PETERSBURG FL 33	710		93 2	
	City, State and Z	ip			
confirmed that after the and the business office diability company, it is h	ompany is not organized under the change or changes are made, the Fof the registered agent will be identified that the change(simited liability company or as other of the limited liability company	lorida street address tical. Or, in the case ) was/were authorize	of the registere of a Florida lined by an affirm	ed Affice mited ativ · vote	
(Signature of a member or auth	brized representative of a member)				-

(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 603, F.S. Or if this document is being filed to merely reflect a change in the registered office address. Thereby configuration the limited liability company has been notified in writing of this change.

(8) Chalifre of Reflistered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 F1LING FEE: \$25.00

INHS18 (8/05)