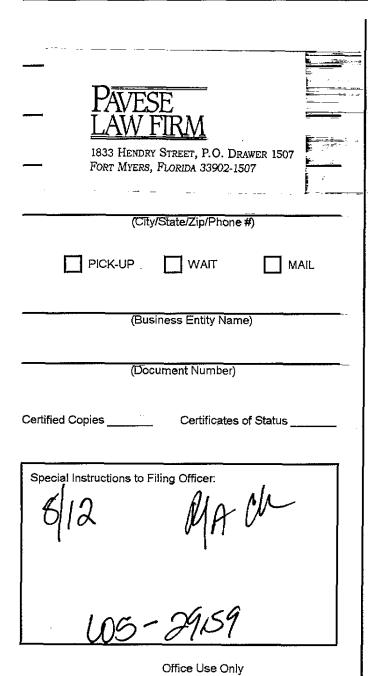
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U8/12/U5--01030--005 **25.00

M. HODGES

13 EN 12 EN 12 EN

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.

agent, or both, in the State	3					-
1. The name of the limite	d liability company is:	Pennington	Developments	, LLC		
2. The mailing address of	the limited liability con	npany is :	3820 Colonia	1 Bouley	vard	
Suite 103, Fort Myers	s, FL 33912		_			
March 24, 2005			L0500002915	9		
3. Date of filing/registrati	on in Florida	4.	Document numb			
5. The name of the registe Florida Department of S		red office addi	ess as shown on	the recor	ds of the	
	Richard W. Winese	tt				
	2248 First Street	Name				
Fort Myers, FL 33912				e.	95 T	
		tate and Zip				
6. The name and address of the new registered agent and/or office:				- \S - 2		
Christina Harris Schwinn						
	N:	ame			<u></u>	
	1833 Hendry Stree			<u>.</u> '	'4'm'	
Florida street address (P.O. Box NOT acceptable)						
	Fort Myora	EL 3300.	1			
	Fort Myers	FL 3390: te and Zip	<u>L</u>	•		
	City, Sta	ite and Zip				
If the limited liability come confirmed that after the chand the business office of liability company, it is her the members of the limited the operating agreement of (Signature of a member or authority).	ange or changes are made the registered agent will eby confirmed that the call liability company or as fithe limited liability confirmed liability	le, the Florida be identical. (hange(s) was/v otherwise pro- npany.	street address of	the regist	ered office	of r
Christina Harris Sch	เพริกท					
(Printed or typed name of signee)						
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address I hereby confirm		nt and agree to o the proper a of my position ed to merely re company has b	o act in this capa nd complete perj as registered ag flect a change in leen notified in w	city. I fun formance ent as pro the regis vriting of i	ther agree of my duties vided for in tered office this change	to s,
(Signature of Registered Agent)	CM VM - I-V	_	•	•		

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

INHS18(10/99) -

FILING FEE: \$25.00