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RON KOISEY (Requestor's Name) (Address) 8150 BYENLST. (Address) AVL RICHAN FL BUMB-10	000056095080 号令
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	07/05/0501029025 **25.00
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	05 JUL -5 PM 3: 56 SECRETARISEE, FLORIDA
	Wo7/12

Office Use Only

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:	QUESTRIAN ESTATES, 2005 LLC.
2. The mailing address of the limited liability comp	any is: 212 N. BAY Hills Blud.
	SAFETY RARBOR, FL 34695-490
April 1,2005	1050000 3/960
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the register Florida Department of State:	ed office address as shown on the records of the
MARGA R.	Shetman
	BAY HILLS Blud
Sa fet Vila. City, St.	<u> </u>
6. The name and address of the new registered ager	t and/or office:
· · · · · · · · · · · · · · · · · · ·	AISER 2.0. Box NOT acceptable) FL 3AlolaB e and Zip ASECRATION ASSECTION ASSECTION
If the limited liability company is not organized unconfirmed that after the change or changes are mad and the business office of the registered agent will liability company, it is hereby confirmed that the change of the registered agent will liability company.	der the laws of the State of Florida, it is hereby
(Signature of a member or authorized representative of a member) (Printed or typed name of signee)	
I hereby accept the appointment as registered ages comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being file address, I thereby confirm that the limited liability of the confirm that the limited liability of the confirm that the limited liability of the confirmation of the limited liability of the confirmation of the limited liability of the confirmation of the limited liability of the liability of	nt and agree to act in this capacity. I further agree to the proper and complete performance of my duties, of my position as registered agent as provided for in additional reflect a change in the registered office company has been notified in writing of this change.
(Signature of Resistered Agent)	Des COO Tellahana Et 20014
Division of Corporations, P.O.	Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18(10/99)

. RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, MARGA R. SHEFMAN, hereby resign as MANAGING M. (Title)	Nbel
of EQUESTRIAN ESTATES JOOS, LLC (Limited Liability Company)	, 2
a limited liability company organized under the laws of the State of EloRida	_ _
and affirm that the limited liability company has been notified in writing of the resignations	7]
(Signature of resigning manager, managing member or member)	FMO
RILLATE SE	

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314