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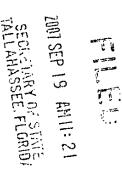
(Requestor's Name)					
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<u></u>	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	ECT: <u>3/34</u>	Lee Blume of Limited	J. L.	Company)		
	(110	inc of Limited	Diability (Company		
Dear S	Sir or Madam:					
The e	nclosed Registered Agent/Regis	stered Office Cl	hange and	l fee(s) are su	bmitted for f	iling.
Dlence	e return all correspondence cond	cerning this ma	tter to the	following		
Ticasc	, return an correspondence cons	coming this ma	nor to the	Tono wing.		
	Λ, ~ , ,					
	Abigail Walker (Name of Person)	<u> </u>				
	(Firm/Company)	•		,		
	27606 WISCONSII	n 5t.		,	. <i>,</i>	
	Bonita Springs, (City/State and Elp Cod					2001 SEP 19 AKITI: 21 SECKETARY OF STATE TALLAHASSEE, FLORID
For fu	urther information concerning th	nis matter, pleas	se call:			AWII: 21
	Abiaail Walker	at (a	239 1	948-78	28	21 REF
	(Name of Person)	ar ((Ar	ea Code & D	aytime Telep	hone Number)
	STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	stration Section Registration Section sion of Corporations Division of Corporations on Building P.O. Box 6327 Executive Center Circle Tallahassee, Florida 32314				
	Enclosed is a check for the f	following amou	ınt:			
	X \$25 Filing Fee		□ \$55 F	iling Fee & C	Certified Cop	у

INHS18 (8/05)

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.

The name of the limited liability company is:	3734 Lee Blvd, LLC
2. The mailing address of the limited liability compan	
	NAPLES, FL 34117
April 15, 2005	L05000037441
April 15, 2005 3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered Florida Department of State:	
Vonathan H. G	Freen + Assoc
Vonathan H. G Nam 799 Brickel	1 Plaza Ste 700
Miami FL City State	33/3/ and Zip
6. The name and address of the new registered agent as Gary Wilson	
Porter, Wright Mor	rus + Arthur
Name	0 (1 / 2) .
5801 Pelican Ba Florida street address (P.O.	Box NOT acceptable)
Naples EI	34/08 SEP
Naples FL City, State at	Box NOT acceptable) 34/08 ARE SEP SEP SEP SEP SEP SEP SEP SEP
If the limited liability company is not organized under confirmed that after the change or changes are made, the sand the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as for the operating agreement of the limited liability company.	the laws of the State of Florida, it is hereby. he Florida street address of the registered office
Signature of a member or authorized representative of a member)	0
Ellsworth E. McIntyre	
(Printed or typed name of signee) I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter 608/F.S. Or if this document is being filed to address shereby confirm that the limited liability com	nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, y position as registered agent as provided for in o merely reflect a change in the registered office pany has been notified in writing of this change.

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