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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
V: 44	
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LES-4000 PAChange	
<u> </u>	
Office Use Only	

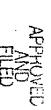


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COVER LETTER

TO: Registration Section Division of Corporations	
	12 th PL, L2C red Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
John M. Brugger (Name of Person) Forsyth S Brugger, P.A.	
(Firm/Company)	
600 5th Ave 5, Sule	207
Maples, FL 34102 (City/State and Zip Code)	
For further information concerning this matter, p	lease call:
John N. Brugger at (Name of Person)	(Area Code & Daytime Telephone Number)
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 following an	nount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

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:

1121 SE 12^{tv} PL, LLC

2. The mailing address of the limited liability company is:

1955 SE 31 St ST Cape Cosal, FL 33804

 05/10/2005
 L05/000/46366

 3. Date of filing/registration in Florida
 4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Name

Name

120 East Oakland Park Blud, Suche 204

Address

Pt. Landerdole, El 333334

City, State and Zip

6. The name and address of the new registered agent and/or office:

John N. Brigger

Name

600 5th Ave S. Suile 207

Florida street address (P.O. Box NOT acceptable)

Naple S. FL 34102

City, State and Zip

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

Un' Aminov
(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 608 F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I pereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

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