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| (Requestor's Name) | | | | | |
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| (Address) | | | | | |
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| (Cit | y/State/Zip/Phone | e #) | | | |
| PICK-UP | WAIT | MAIL | | | |
| (Bu | siness Entity Nan | ne) | | | |
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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

| Division of Corporations | | | |
|--|---|--|--|
| SUBJECT: TAIPAN PROPERTY X LLC (Name of L | | lity Company) | |
| Dear Sir or Madam: | | | |
| The enclosed Registered Agent/Registered O | office Change | and fee(s) are submitted for filing. | |
| Please return all correspondence concerning | this matter to | the following: | |
| RICHARD CARTAGENA | | | |
| (Name of Person) | | | |
| (Firm/Company) | | | |
| 30798 US 19 N | | <u> </u> | |
| (Address) | | | |
| PALM HARBOR, FL 34684 | | | |
| (City/State and Zip Code) | | | |
| For further information concerning this matter | er, please cal | l: | |
| RICHARD CARTAGENA | _at (<u>727</u> | | |
| (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 followin | ıg amount: | | |
| \$25 Filing Fee | \$55 Filing Fee & Certified Copy | | |

TO: Registration Section

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 limite | ed liability company is: TAIF | AN PROPERTY X LLC | | · |
|---|---|--|---|---|
| 2. The mailing address o | f the limited liability compar | ny is : 30798 US 19 N | | · |
| PALM HARBOR, FL 3468 | 4 | | | |
| MAY 27, 2005 | | L 05000053204 | | |
| MAY 27, 2005 3. Date of filing/registration in Florida L 0500005320 4. Document | | 4. Document number | | |
| | | | | |
| 5. The name of the register Florida Department of | | office address as shown on the reco | ords of the | 3 |
| | JOSEPH N PERLMAN, | ESQ | | |
| | Nar 1101 BELCHER RD S UN | | | |
| | · · · · · · · · · · · · · · · · · · · | | _ | |
| | ress | ~ | V | |
| | LARGO, FL 33771 City, State | and Zip | 7 J | SSE |
| 6 The name and address | of the new registered agent a | - | JAN 24 | 물문 |
| o. The mane and address | 0 | | | CAP CAP |
| | RICHARD CARTAGENA | | * | |
| | 30798 US 19 N | ; | AM II: | SI SI |
| | Florida street address (P.C |). Box NOT acceptable) | N | ATIC ATE |
| | • | • • | | TE |
| | PALM HARBOR, FL | 34684 | | |
| | City, State | and Zip | | |
| and the business office of liability company, it is he of the members of the lin or the operating agreeme | hange or changes are made, the registered agent will be | r the laws of the State of Florida, it is the Florida street address of the regi- identical. Or, in the case of a Florida nge(s) was/were authorized by an af- s otherwise provided in the articles of npany. | istered of da limited | fice I |
| (Printed or typed name of signee | • | | | |
| I hereby accept the apportunity with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm (Signature of Registered Agent) | nintment as registered agent ins of all statutes relative to t and accept the obligations of t this document is being filed in that the limited liability con | and agree to act in this capacity. I he proper and complete performanc my position as registered agent as p to merely reflect a change in the reg mpany has been notified in writing o | further as te of my d rovided fo gistered o of this cho | ree to uties, or in ffice inge. |

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