L05000059987

(Re	equestor's Name)				
. (Ad	dress)				
(Ad	ldress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nar	ne)			
(Document Number)					
Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					
,					

Office Use Only



000134308890

08/14/08--01016--016 **25.00

OR ALIC 14 AM 10: 17

J. BRYAN

AUG 1 8 2008

EXAMINER

CFRA, LLC REGISTERED AGENT SERVICES A SUBSIDIARY OF CARLTON FIELDS

Corporate Center Three at International Plaza 4221 W. Boy Scout Blvd, 10th Floor Tampa, Florida 33607-5736 Mailing Address:
P. O. Box 3239
Tampa, Florida 33601-3239
Tel (813) 223-7000 Fax (813) 229-4133

August 8, 2008

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

Re: CHANGE OF REGISTERED AGENT - SHERBERTH DEVELOPMENT PARTNERS L.L.C.

Gentlemen:

On behalf of Malcolm J. Wright, please find enclosed a Statement of Change of Registered Agent form for Sherberth Development Partners L.L.C. Also enclosed is check number 448011 for the filing fee.

Very Truly Yours,

Joyce F. Bentubo

Secretary

JFB/jab Enclosures DR BUIL 14 AM 10: 17

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 limit	ted liability company is	S: SHERBERTH D	EVELOPMENT PARTNE	RS L.L.C.
2. The mailing address of	of the limited liability of	company is: 779	6 IRLO BRONSON HIC	SHWAY
KISSIMMEE, FL 34747			····	
06/16/2005		L	05000059987	
3. Date of filing/registra	egistration in Florida 4. Document number			
5. The name of the regist Florida Department of		istered office ad	dress as shown on the	records of the
-	C T CORPORATION	ON SYSTEM		
	1200 SOUTH PINE	Name)	
A 11				_ 9
	PLANTATION, FL 33324 US			98 I
	City	y, State and Zip		10 9
6. The name and address	of the new registered	agent and/or off	ice:	OB AUG 14
	CFRA, LLC			AHIO: 17
Name		O. RA		
	4221 W. BOY SCOUT BLVD., 10TH FLOOR		<u>ئ</u> آيِـ	
	Florida street addre	ss (P.O. Box N O	OT acceptable)	 <i>U</i>
	TAMP.	A, FL 33607-	5736	_
	City,	State and Zip		
If the limited liability co confirmed that after the and the business office cliability company it is hof the members of the ior the operating agreements. (Signature of a members of the signature of the signature of a members of the signature of a members of the signature of	change or changes are to of the registered agent vereby confirmed that the	made, the Florid will be identical. he change(s) was y or as otherwis ity company.	la street address of the Or, in the case of a I s/were authorized by a	registered office Florida limited an affirmative vote
C.B. Medicol a montocol 4	•			
(Printed or typed name of signe	WRIGHT			
I hereby accept the application of the comply with the provision and I am familiar with a Chapter 608, F.S. Or, if address, I hereby gonfin	ointment as registered ons of all statutes relati ind accept the obligation this document is being that the limited liabil	agent and agree ive to the proper ons of my positio of filed to merely lity company has	to act in this capacit and complete perfort n as registered agent reflect a change in th s been notified in writ	y. I further agree to nance of my duties, as provided for in e registered office ing of this change.
(Signature of Registered Agent)	= Pentubo			
/// Joyce Divisi	ion of Corporations, I	P.O. Box 6327,	Tallahassee, FL 323	14
V	FILD	NG FEE: \$25.0	0	