U9500000902

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAI	L	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
•		

Office Use Only



700125001317

04/28/08--01041--051 **25.00

OS MAY - 1 PM 12: 56
SEGRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 0 2 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

April 24, 2008

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

Re: CHANGE OF REGISTERED AGENT - MULTIPLE ENTITIES

Gentlemen:

On behalf of Michael D. Crosbie, please find enclosed several Statement of Change of Registered Agent forms for the attached multiple entities. Also enclosed are several Carlton Fields' checks for the filing fees. Please also see the attached for a list of all the entities that must be changed.

Very Truly Yours,

Jøyce/F/. Bentubo

Secretary

JFB/jab Enclosures

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: FOUR CORNERS DEVELOPMENT	GROUP, LLC		
2.	The mailing address of the limited liability company is: 2460 SAND LAKE RD. O	ing address of the limited liability company is: 2460 SAND LAKE RD. ORLANDO, FL 32809		
<u>06/</u> 3.	5/20/2005 L05000060962 Date of filing/registration in Florida 4. Document r	L05000060962 4. Document number		
 The name of the registered agent and the registered office address as shown on the record Department of State: 				
	MICHAEL D. CROSBIE			
	Name 2460 SAND LAKE RD.	O. TAL		
	Address ORLANDO, FL 32809	B MA ECRE LAH		
	City, State and Zip	TAK ASS		
6.	The name and address of the new registered agent and/or office:			
	CFRA, LLC Name	PM 12: 56 UF STATE E.FLORIDA		
	4221 W. BOY SCOUT BLVD., 10 TH FLOOR Florida Street address (P.O. Box NOT acceptable)	_ DA 56		
	TAMPA, FL 33607 City, State and Zip	_		
afte reg the	the limited liability company is not organized under the laws of the State of Florida, it for the change or changes are made, the Florida street address of the registered office a gistered agent will be identical. Or, in the case of a Florida limited liability company, is e change(s) was well authorized by an affirmative vote of the members of the limited herwise provided in the articles of organization or the operating agreement of the limited.	nd the business office of the t is hereby confirmed that liability company or as		
(Sig	ignature of a member or authorized representative of a member)			
$\frac{1}{(Pr)}$	rinted or typed name of signee)			
1 he the and doc lial	hereby accept the appointment as registered agent and agree to act in this capacity. If a provisions of all statutes relative to the proper and complete performance of my dutical accept the obligations of my position as registered agent as provided for in Chapter ocument is being filed to merely reflect a change in the registered office address, I here while the company has been relified in writing of this change.	es, and I am familiar with 608. F.S. Or if this		
(3)	igulature of Registered Agent)			
	Division of Corporations, P.O. Box 6327, Tallahassee, F	L 32314		

FILING FEE: \$25.00

12402629.1

INHS18(08/05)