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(Requestor's Name)					
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(0.0,000.00.1,00.00.1,					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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COVER LETTER

Registration Section

Division of Corporations	
SUBJECT: MAB HOMES LLC (Name of Limited L	Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matt	ter to the following:
Jessica M Massey	,
(Name of Person)	
: V C : (Firm/Company)	The top of the transfer of the
2815 34TH AVENUE DRIVE EAST	
(Address)	
BRADENTON, FL 34208	
(City/State and Zip Code)	
	e call:
(City/State and Zip Code)	1 447-9830
(City/State and Zip Code) For further information concerning this matter, please	
(City/State and Zip Code) For further information concerning this matter, please Jessica M Massey at (941)	1 447-9830
(City/State and Zip Code) For further information concerning this matter, please Jessica M Massey at (941 (Name of Person) STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	1 447-9830 (Area Code & Daytime Telephone Number) MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
(City/State and Zip Code) For further information concerning this matter, please Jessica M Massey at (941) (Name of Person) STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount	1 447-9830 (Area Code & Daytime Telephone Number) MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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.

1. The name of the limite	ed liability compa	ny is: MAB HOME	SLLC		
2. The mailing address o	f the limited liabil	ity company is:	2815 34TH AVENUE DI	RIVE EAST .	
BRADENTON, FL 34208					
06/23/2005			L05000062561		
3. Date of filing/registration in Florida			4. Document number		
5. The name of the register Florida Department of		registered office	address as shown on t	he records of the	
· · · · · · · · · · · · · · · · · · ·		LTERS, HELD 8	JOHNSON, P.A		
	000 44711 0775	Name			
	802 11TH STREET WEST				
Address BRADENTON, FL 34205					
		City, State and Z	ip		
6. The name and address	of the new registe	red agent and/or o	office:		
	Jessica M Mass	sey		D8 JAN SECRE	
	2815 34TH AVE	Name NUE DRIVE EAS	ΣΤ	翌 3	
			NOT acceptable)	ARY O	
		`	• /	FIG. 2	
	Bradenton,	FL 3420		PH 12: 25 SEE FLORI	
	C	ity, State and Zip		29 ATE	
If the limited liability con confirmed that after the cl and the business office of liability company, it is he of the members of the lin or the operating agreement (Signature of a member or author)	hange or changes the registered age reby confirmed the nited liability common of the limited liability.	are made, the Floent will be identicated the change(s) very pany or as otherwability company.	rida street address of t al. Or, in the case of a vas/were authorized by	he registered office a Florida limited v an affirmative vote	
Jessica M Massey					
(Printed or typed name of signee)					
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm			ree to act in this capace er and complete perfo tion as registered age ly reflect a change in w has been notified in w	ity. I further agree to rmance of my duties, it as provided for in the registered office iting of this change.	
(Signature of Registered Agent)	1. // (asse	3			

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