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Florida Department of State
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To:
Division of Corporations
Fax Number : (850) 617-6380

From:
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

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REGISTERED AGENT CHANGE

AUSTIN DEVELOPERS, LLC

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EXAMINER

4/25/2008

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: AUSTIN WOODS DEVELOPERS LLC
2. The mailing address of the limited liability company is: 180 WEST 30TH STREET, SUITE 201, NEW YORK, NY 10024

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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:

AMAN LAW FIRM

Name

14502 N. DALE MABRY HWY STE 200

Address

TAMPA FL 33618-2040

City, State and Zip

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

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

Name

4436 OLD WINTER GARDEN RD

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

ORLANDO, FL 32811

City, State and Zip

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.

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

ANDREI TCHAIKO

(Printed or typed name of signer)

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 hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

JOSE MOJICA, ASSISTANT SECRETARY

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

FILING FEE: \$25.00

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