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Account Name : FIELDSTONE LESTER SHEAR & DENBERG

Account Number : I19990000180 Phone : (305)357-5775 Fax Number : (305)357-5534 SAUG -3 AM 9:00

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INSIGN OF CORPORATE

REGISTERED AGENT CHANGE

BRAY & GILLESPIE XXI, LLC

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provision liability company submits agent, or both, in the State	s of sections 608.41 the following states of Florida.	l6 or 608.508, Florida Statute sent in order to change its reg	s, the undersigned limited istered office or registered
1. The name of the limited	l liability company is	BRAY & GILLESPIE XXI	, LLC
2. The mailing address of	the limited liability o	company is : 500 NORTH AT	LANTIC AVENUE
DAYTONA BEACH, FL			
JULY 21, 2005		L0500007216	9
3. Date of filing/registration	on in Florida	4. Document nu	mber
5. The name of the register Florida Department of S	red agent and the regi- tate: CHARLES A. BRA	istered office address as shown	on the records of the
	600 NORTH ATLA		, -
		Address H, FLORIDA 32118 V, State and Zip	_
6. The name and address of	•		
	MICHAEL A. ROS	EN	EG G
-	800 BRICKELL A	LATE, STE 1270	
~	Florida street addre	ss (F.O. Box NOT acceptable)	200 00 1
_	MAMI	FL 33131	二 三
	City.	State and Zip	70 9
confirmed that after the chi and the business office of t liability company, it is here	ange or changes are in the registered agent weby confirmed that the limited liability company or the limited liability		of the registred office of a Florida limited d by an affirmative vote of
_	og teblesonmone of 2 mem	per)	
MICHAEL A. ROSEN (Frinted of typod name of signes)			
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm t	ilment as registered to all statutes relative accept the obligation is defined that the limited liabil	agent and agree to act in this ca ve to the proper and complete p ne of my position as regulared filed to merely reflect a changi ity company has been notified to	spacity. I further agree to erformance of my duties, agent as provided for in t in the registered office n writing of this change.
(Signature of Registered Agent) Division	of Cornerations *	P.O. Box 6327. Tallahassee, Fi	. 27214
	. v. Parda granti "	ses alua usa (* l'alimination fl	J 474.43.14

FILING FEE: \$25.00

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