· L05000013393

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ABEL BAND ATTORNEYS AND COUNSELORS AT LAW Mailing Address: P.O. Box 49948, Sarpsota, FL 34230-6948	_
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SECRETAIN OF STATE
TAIL AHASSEE, FLORIDA

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.

<i>y</i>		
1. The name of the limited liability company is: C	HEROKEE PARK #1, LLC	
2. The mailing address of the limited liability comp	nany is : 1905 Morrill Street, Saraso	ota, FL 34236
- · · · · · · · · · · · · · · · · · · ·	,	
07/26/2005	L05000073393	
3. Date of filing/registration in Florida	 Document number 	
5. The name of the registered agent and the register Florida Department of State:	ed office address as shown on the rec	ords of the
Birnbach, Jeffrey		
	lame	T.O. O.
1943 Morrill Street		28 2
	Idress	学 五
Sarasota, FL 34236	ate and Zip	FILED AY -1 PA ALASSEE,
**	•	留 P E
6. The name and address of the new registered agen	it and/or office:	可以
Hanan, Benjamin R.		OT MAY -1 PH 2: 31 SECRE MASSEE, FLORIT
Nar		
240 S. Pineapple Ave		
Florida street address (P	P.O. Box NOT acceptable)	
Sarasota F	FL 34236	
City, State		
•	•	, , ,
If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will be liability company, it is hereby confirmed that the choff the members of the limited liability company or the operating agreement of the limited liability company or the operating agreement of the limited liability company or the operations.	e, the Florida street address of the reg be identical. Or, in the case of a Flori nange(s) was/were authorized by an af as otherwise provided in the articles of	istered office da limited
Signature of a member or a thorized representative of a member)		
Philip chmillski (Printed or typed name of signee)	·	
I hereby accept the appointment as registered agencomply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability confirms the limited liability liability confirms the limited liability liabil	nt and agree to act in this capacity. I in the proper and complete performance if my position as registered agent as play to merely reflect a change in the region of the property has been notified in writing of	further agree to ee of my duties, rovided for in gistered office of this change.

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