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TAIL AHASSEE, FLORIDA

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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: CHEROKEE PARK #2, LLC	
2. The mailing address of the limited liability	y company is : 1905 Morrill Stree	t, Sarasota, FL 34236
07/26/2005 3. Date of filing/registration in Florida	L05000073398 4. Document num	box
3. Date of filing/registration in Florida	4. Document nun	1061
5. The name of the registered agent and the re Florida Department of State:	egistered office address as shown of	on the records of the
Birnbach, Jeff		
1943 Morrill Str Sarasota, FL 34	Address	OT MAY -1 PM 2: 32 SECRE ANASSEE, FLORIDI TALLAHASSEE, FLORIDI
6. The name and address of the new registere	ed agent and/or office:	Fig. 2 0
	nin R. Name le Ave., 10th Floor lress (P.O. Box NOT acceptable)	: 32 LORIDA
Sarasota	FL 34236	
Cit	y, State and Zip	
If the limited liability company is not organiz confirmed that after the change or changes are and the business office of the registered agen liability company, it is hereby confirmed that of the members of the limited liability company or the operating agreement of the limited liab	re made, the Florida street address of will be identical. Or, in the case of the change(s) was/were authorized any or as otherwise provided in the bility company.	of the registered office of a Florida limited d by an affirmative vote
(Signature of a member or authorized representative of a me	ember)	
Printed or typed name of signee)		
I hereby accept the appointment as registere comply with the provisions of all statutes rela and I am familiar with and accept the obligat Chapter 608, F.S. Or, if this document is her address, I hereby confirm that the limited lial (Signature of Registered Agent)	ed agent and agree to act in this cap ative to the proper and complete pe in the time position as registered a ing filed to merely reflect a change bility company has been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.

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