

04-17-2006 90051 033 ****50.00

DOCUMENT # L05000078510 1. Entity Name PNC SOUTHWEST RANCH, L.L.C.			
A. Principal Place of Business 5400 WATER OAK LAKE, #303 JACKSONVILLE, FL 32210		B. Mailing Address 5400 WATER OAK LAKE, #303 JACKSONVILLE, FL 32210	
C. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		D. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
		00312008 Cng-LLC CRZED03 (11/05)	
		4. FEI Number 20-3468898 Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MORGAN, ROBERT M. FORD, BOWLUS, DUSS, MORGAN, KENNEY 10110 SAN JOSE BOULEVARD JACKSONVILLE, FL 32257		7. Name and Address of New Registered Agent Name Paul M. Crum Street Address (P.O. Box Number is Not Acceptable) 5400 Water Oak Lane #303 City Jacksonville FL Zip Code 32210	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agents.			
SIGNATURE <i>[Signature]</i> 7/25/06		Date	
Signature required under penalty of perjury of registered agent and fee if applicable. (e) Change Registered agent signature required unless appointing. (f) None			
Filing Fee to \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
A. MANAGING MEMBER(S)/MANAGERS		ADDITIONS/CHANGES	
TITLE PAUL M. CRUM NAME PAUL M. CRUM STREET ADDRESS 5400 WATER OAK LN #303 CITY - ST - ZIP JACKSONVILLE FL 32210	TITLE Manager NAME PAUL M. CRUM STREET ADDRESS 5400 WATER OAK LN #303 CITY - ST - ZIP JACKSONVILLE FL 32210		☐ Change ☐ Addition
TITLE Managing Member NAME PAUL M. CRUM STREET ADDRESS 5400 WATER OAK LN #303 CITY - ST - ZIP JACKSONVILLE FL 32210	TITLE Manager NAME PAUL M. CRUM STREET ADDRESS 5400 WATER OAK LN #303 CITY - ST - ZIP JACKSONVILLE FL 32210		☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as it would under code; that I am a managing member or manager of the limited liability company; or the register or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE: <i>[Signature]</i>		Date 7-13-06 90477186	