## L05000104089

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SECRETARY OF STATE

A. LUNT
DEC 24 2007
EXAMINER

## **COVER LETTER**

Division of Corporations			
SUBJECT: 956 Treasure Lane LLC (Name of	Limited Liability Company)		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning	•		
Stephen M Duckworth			
(Name of Person)			
956 Treasure Lane LLC	200 SEC TALL		
(Firm/Company)	ARE DE T		
Po Box 1497	C 21 SSERY		
(Address)			
Naples, Fl 34106	3: 33		
(City/State and Zip Code)			
For further information concerning this mat	tter, please call:		
Stephen M Duckworth	at (239 ) 269-6230		
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following	ng amount:		
<b>✓</b> \$25 Filing Fee	\$55 Filing Fee & Certified Copy		

## 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 limite	ed liability company is:	956 Treasure Lane LLC			
2. The mailing address of	f the limited liability co	ompany is : PO Box 1497			
Naples, Fl 34106					
10/21/2005		L05000104089		***************************************	
3. Date of filing/registration in Florida		4. Document no	umber		
5. The name of the register Florida Department of	ered agent and the regis State:	stered office address as show	n on the	e record	ls of the
•	Progressive Realty	Partners, LLC			
•		Name	_		
	7680 Cambridge Mar				
		Address			•
	Ft Myers, FI 33907	State and Zin	_		
	,	State and Zip	Z.c	~	
6. The name and address of the new registered agent and/or office:					
	Stephen Duckworth		ARE]	030	11
		Name	SS	2	Distriction .
	602 Banyan Blvd	vality	m_< \		m
	Florida street address	s (P.O. Box NOT acceptable)	<u>, , , , , , , , , , , , , , , , , , , </u>	<del>ال</del> بب	
	Naples, Fl 34102	FL	ORID	w	
	City, S	tate and Zip	حنف	—₩	
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.  (Signature of a member or authorized representative of a member)					
Stephen Duckworth					
(Printed or typed name of signee)					
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm		gent and agree to act in this of the proper and complete s of my position as registered lied to merely reflect a changy company has been notified.	capacit perfori l agent ge in th in writ	y. I fur nance of as prov e regist ing of ti	ther agree to If my duties, vided for in ered office his change.
(Signature of Registered Agent)	Drekwort	<del>7-</del>			

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