

LOS 000111235

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(Address)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DUKE GROVE, LLC
7051 Cypress Terrace, Suite 110
Fort Myers, FL 33907

Phone: 239-426-6012

Fax: 239-425-6003

November 10, 2007

Florida Department of State
DIVISION OF CORPORATIONS
Amendment Section
Post Office Box 6327
Tallahassee, FL 32314

Re: Duke Grove, LLC
No. L05000111235

Dear Sir or Madam:

Enclosed please find the following documents and appropriate fees for filing:

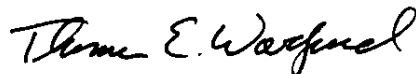
1. Articles of Amendment to the Articles of Organization of Duke Grove, LLC, including the \$25.00 filing fee, payable to the Florida Secretary of State; and
2. Certificate of Designation of Registered Agent / Registered Office of Duke Grove, LLC, including the \$25.00 filing fee, payable to the Florida Secretary of State.

Upon completion, please return all correspondence concerning this matter to the following:

Duke Grove, LLC
7051 Cypress Terrace, Suite 110
Fort Myers, FL 33907

Should you have any questions, please feel free to contact me.

Sincerely,



Thomas E. Woodyard

/smg
Enclosures

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT / REGISTERED OFFICE
DUKE GROVE, LLC**
(a Florida limited liability company)

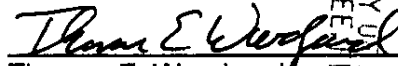
PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE / REGISTERED AGENT, IN THE STATE OF FLORIDA:

1. The name of the Limited Liability Company is **Duke Grove, LLC**.
2. The name and address of the Registered Agent and Office is:

Thomas E. Woodyard
7051 Cypress Terrace, Suite 110
Fort Myers, FL 33907
(239) 425-6000

Having been named as Registered Agent and to accept service of process for the above-stated Limited Liability Company, at the place designated in this Certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all Statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Dated this ____ day of November, 2007.


Thomas E. Woodyard

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SECRETARY OF STATE
TALLAHASSEE
FLORIDA

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