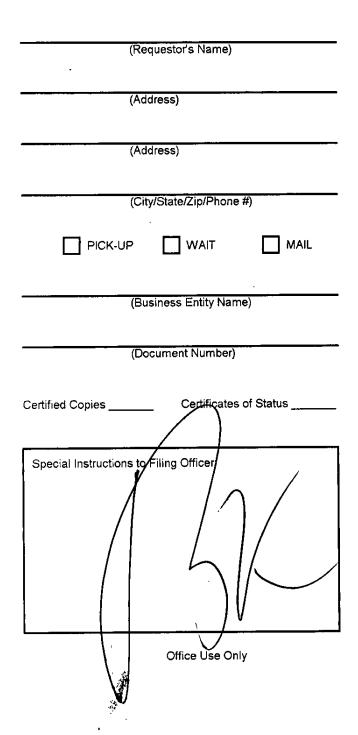
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DEPARATION TO STATE
INTERNATION TO THE PROPERTY INTO THE PROPERTY

FILED 07 JUL 20 PH 1:07 SECRETARY OF STATE TALLAHASSEE, FLORIDE



ACCOUNT NO. : 072100000032 REFERENCE : 7490297

AUTHORIZATION (

COST LIMIT

ORDER DATE: May 11, 2007

ORDER TIME : 9:28 AM

ORDER NO. : 894288-235

CUSTOMER NO: 7490297

CHANGE OF AGENT

NAME:

CREEKSTONE FLORIDA HOLDINGS,

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Roath -- EXT# 2955

EXAMINER:

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: CREEKSTO	ONE FLORIDA HOLDI	NGS, LLC
2. The mailing address of the limit	ed liability company is:		
4545 Post Oak Place, Suite 200, Houston	, TX 77027		
November 29, 2005		L05000114426	
3. Date of filing/registration in Flo	rida	4. Document number	
5. The name of the registered agent Florida Department of State:	and the registered office	address as shown or	the records of the
-	CT Corporation Syst	em	
	Name		
1200 South Pine Island Road 🕏 🙎			
Address			
Plantation, FL 33324			
City, State and Zip			
6. The name and address of the new	v registered agent and/or	office:	FILED PH 1:08 OT JUL 20 PH 1:08 SECRETARY OF STATE TALLAHASSEE, FLORE
Corporation Service Company			
	Name 1201 Hays Street		ORICE OR
Florida	street address (P.O. Box	NOT acceptable)	\mathcal{P}
Та	llahassee FL	32301	
	City, State and Zir	· · · · · · · · · · · · · · · · · · ·	
If the limited liability company is no confirmed that after the change or cand the business office of the regist liability company, it is hereby confirmed the members of the limited liability company, agreement of the limited liability of the operating agreement of the limited liability of the operation of	changes are made, the Florered agent will be identified in the change(s) lity company or as otherwited liability company.	orida street address of cal. Or, in the case of was/were authorized	f the registered office f a Florida limited by an affirmative vote
Maureen Cullen, Attorney In Fact			
(Printed or typed name of signee)			
I hereby accept the appointment as comply with the provisions of all stand I am familiar with and accept to Chapter 608, F.S. Or, if this document address, I hereby confirm that the language of Registered Agent) Michelle R.	registered agent and ag atutes relative to the prop he obligations of my post tent is being filed to mere imited liability company Vannoy, Asst. Vito President	per and complete per ition as registered ag ely reflect a change i has been notified in v	acity. I further agree to formance of my duties, ent as provided for in n the registered office writing of this change.

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