LOS000) 115416

(Requestor's Name)		
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2008 APR 28 AH II: 16
SECRETARY OF STATE
AND ASSEE, FLORIDA

T. CLINE
MAY - 2 2008
EXAMINER

CFRA, LLC

REGISTERED AGENT SERVICES A SUBSIDIARY OF CARLTON FIELDS

Corporate Center Three at International Plaza 4221 W. Boy Scout Blvd, 10th Floor Tampa, Florida 33607-5736

Mailing Address:
P. O. Box 3239
Tampa, Florida 33601-3239
Tel (813) 223-7000 Fax (813) 229-4133

April 24, 2008

Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

Re: CHANGE OF REGISTERED AGENT - MULTIPLE ENTITIES

Gentlemen:

On behalf of Michael D. Crosbie, please find enclosed several Statement of Change of Registered Agent forms for the attached multiple entities. Also enclosed are several Carlier Field checks for the filing fees. Please also see the attached for a list of all the entities that mustiple changed.

Very Truly Yours,

yce F. Bentubo

Secretary

JFB/jab Enclosures

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:	TDS MANAGEMENT, LLC	
2.			
12/02/2005		L05000115416	
3.	Date of filing/registration in Florida	4. Document number	
5.	5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:		
	MICHAEL D. CROSBIE		
2460 SAND LAKE RD.		Name	
Address		Address ARE PR	
ORLANDO, FL 32809		ASS 28	
City, State and Zip			
Address ORLANDO, FL 32809 City, State and Zip 6. The name and address of the new registered agent and/or office:			
	CFRA, LLC	ORI :	
	Orien, page	Name Off 6	
	4221 W. BOY	SCOUT BLVD., 10 TH FLOOR	
	Florida Street ad	dress (P.O. Box NOT acceptable)	
	TAMPA, FL	33607	
		City, State and Zip	
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 itentical. 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 quadratic rized representative of a member)			
(Signature of a member)			
(Printed or typed name of signee)			
l he the and doc liab	ereby accept the appointment as registered ago provisions of all statutes relative to the prope	ent and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with tered agent as provided for in Chapter 608, F.S. Or, if this in the registered office address, I hereby confirm that the limited his change.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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