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SECRETARY OF STATE
TALLAHASSEE, 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 Carlton Fields' checks for the filing fees. Please also see the attached for a list of all the entities that must be 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: TD	OS TOWN HOMES (PHASE 1), LLC	
2.	2. The mailing address of the limited liability company is: 2460 SAND LAKE RD. ORLANDO, FL 32809		
12	/02/2005	L05000115419	
3.	Date of filing/registration in Florida 4. Document number		
5.	The name of the registered agent and the registered Department of State:	ed office address as shown on the records of the Florida	
MICHAEL D. CROSBIE			
Name		Name	
2460 SAND LAKE RD.			
Address		چيو است.	
ORLANDO, FL 32809 City, State and Zip		State and Zin PE	
	City,	State and Zip	
6.	The name and address of the new registered agen	State and Zip t and/or office: Name COUT BLVD., 10 TH FLOOR s (P.O. Box NOT acceptable) SECRETARY OF STATE OF STATE ORDER 1. 16	
	CFRA, LLC		
		Name	
		COUT BLVD., 10 TH FLOOR	
		s (P.O. Box NOT acceptable)	
	TAMPA, FL 3360)7	
	City,	State and Zip	
afte reg the oth	er the change or changes are made, the Florida street istered agent will be identical. Or, in the case of a lackange(s) was/were authorized by an affirmative verwise provided in the article, of organization or the	the laws of the State of Florida, it is hereby confirmed that et address of the registered office and the business office of the Florida limited liability company, it is hereby confirmed that yote of the members of the limited liability company or as ne operating agreement of the limited liability company.	
(Si	gnature of a member of authorized representative o	f a member)	
	Malcoln Wright		
(Pr	inted or typed name of signee)		
the and doc ttal	Provisions of all statutes relative to the proper and	and agree to act in this capacity. I further agree to comply with a complete performance of my duties, and I am familiar with a lagent as provided for in Chapter 608, F.S. Or, if this he registered office address, I hereby confirm that the limited hange.	

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

FILING FEE: \$25.00

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INHS18(08/05)