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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Kings Gate Development, L (Name of Limite	LC ed 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 this i	matter to the following:	
Stephen M. Weinberg (Name of Person)		
SMW, LLC (Firm/Company)		
10001 Hampton Place	•	
(Address)		
Tampa, Florida 33618		
(City/State and Zip Code)		
For further information concerning this matter, pl	ease call:	
Steve Weinberg at (813 <u>)</u> 952-3939	
(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 am	nount:	
✓ \$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 limited liability company	is: Kings Gate Development	t, LLC
2. The mailing address of the limited liability	company is: 10001 Hamp	ton Place
Tampa, Florida 33618		
01/17/2006	L06000005	317
3. Date of filing/registration in Florida	4. Documen	t number
5. The name of the registered agent and the re Florida Department of State: Delton N. Cun		own on the records of the
0500 0	Name	<u> </u>
6522 Gunn High Tampa, Florida Ci	Address	OS AUG- SECNELLAHA
6. The name and address of the new registered	d agent and/or office:	SSI
Stephen M. We 10001 Hampton Florida street add	Name	PH II: 41 SEE, FLORIDA
Tampa,	FL 33618	
City	y, State and Zip	
If the limited liability company is not organiz confirmed that after the change or changes are and the business office of the registered agent liability company, it is hereby confirmed that of the members of the limited liability company or the operating agreement of the limited liab	e made, the Florida street add will be identical. Or, in the the change(s) was/were authout any or as otherwise provided	ress of the registered office case of a Florida limited orized by an affirmative vote
Signature of a member or authorized representative of a me	omher)	
Stephen M. Weinberg (Printed or typed name of signee)		
I hereby accept the appointment as registere comply with the provisions of all statutes rela and I am familiar with and accept the obligat Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liab	d agent and agree to act in th tive to the proper and comple ions of my position as registe ng filed to merely reflect a ch vility company has been notifi	is capacity. I further agree to ete performance of my duties, red agent as provided for in ange in the registered office ied in writing of this change.
(Signature of Registered Agent)		

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

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