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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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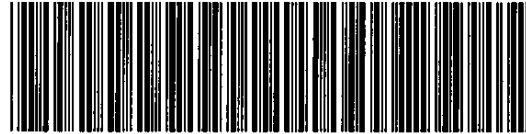
(Business Entity Name)

(Document Number)

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[Signature]

*Law Offices of*  
**Anita L. Barber, P.A.**

Anita L. Barber\*

\_\_\_\_\_  
\*Admitted FL and GA Bars,  
LL.M. in Taxation  
Certified Public Accountant

636 West Yale Street  
Orlando, Florida 32804  
Web Site: [www.abarberlaw.com](http://www.abarberlaw.com)  
Telephone: 407-472-0595  
Facsimile: 407-472-0594

Richard G. Shanklin  
Chief Operating Officer

September 12, 2006

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

Re: Lake Wales Linden Lane, LLC

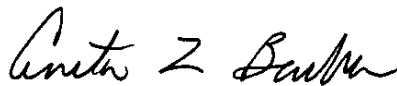
Dear Sir or Madam:

Please find enclosed a Statement of Change of Registered Office or Agent or Both for Limited Liability Company and Articles of Amendment to Articles of Organization to Lake Wales Linden Lane, LLC. Please file these documents and please provide me with confirmation of the filing. I have enclosed my firm's check in the amount of \$50.00 for the filing fees.

Please call me should you have any questions.

Very truly yours,

Anita L. Barber, P.A.



Anita L. Barber, Esq.

Enclosures

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**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: LAKE WALES LINDEN LANE, LLC
2. The mailing address of the limited liability company is : 2913 Plantation Road,  
Winter Haven, FL 33884

- January 23, 2006 L06000007308  
3. Date of filing/registration in Florida 4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Allan C. Honculada  
Name  
2913 Plantation Road  
Address  
Winter Haven, FL 33884  
City, State and Zip

6. The name and address of the new registered agent and/or office:

Caroline C. Honculada  
Name  
110 Campbell Drive  
Florida street address (P.O. Box NOT acceptable)  
Winter Haven FL 33884  
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 identical. 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.

CC  
(Signature of a member or authorized representative of a member)

Caroline C. Honculada, Manager  
(Printed or typed name of signer)

*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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

CC  
(Signature of Registered Agent)

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

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