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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Bay Haven Deve (Name of Lim	elopers LLC nited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing	5 .
Please return all correspondence concerning this m	natter to the following:	4.5 %
Heather M. Archer (Name of Person)	-	OS MON IN AMID: 35
Bay Haven Developer	<u>sll</u> C	IO: 35
2741 218 5t. (Address)	 	*
Sarasota, 71. 3423 (City/State and Zip Code)	1	
For further information concerning this matter, ple	ease call:	
Heather M. Archer at (Name of Person)	(Area Code & Daytime Telephone Number	ber)
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 amount:		
\$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 608.50 company submits the following statement in order to chain the State of Florida.	18, Florida Statutes, the undersigned limited liability nge its registered office or registered agent, or both,
1. Name of the limited liability company: Bay He	wen Developers LLC
2. (a) Principal office address of limited liability compan (<i>Note: MUST BE STREET ADDRESS</i>)	y: 2741 21st 5t. Sarasota, tr. 34234
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2741 21st 5t. Sarasota, 7c. 34234
January 26, 2006 3. Date of filing registration in Florida	LOLOCOSO8999 4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Vince Arrigo
Registered Office Address:	Bametto, Fr. 3422
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent: <u>NEW</u> Registered Office Address:	W Registered Office address: Heather M. Archer 2741 218+ 5t.
(MUST BE FLORIDA STREET ADDRESS)	Sarasota ,FL 34234
If the limited liability company is not organized under the that after the change or changes are made, the Florida stre office of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company.	et address of the registered office and the business case of a Florida limited liability company, it is
(Signature of a member or authorized representative of a member)	6)RM
Heather M. Archer MGRI (Printed or typed name of signee)	$\underline{\gamma}$
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the piam familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified.	agree to act in this capacity. I further agree to roper and complete performance of my duties, and I in as registered agent as provided for in Chapter 608, change in the registered office address, I hereby a din writing of this change.
(Signature of Registered Agent)	

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