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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Prima Realty and Propert (Name of Limited	U Management, UC Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Peter Bennett (Name of Person)	
Samter Homes (Firm/Company)	SECRETARY OF OCT 10
305 S. MacDill Ave (Address)	PH 1:37
Tampa FL 331009 (City/State and Zip Code)	·
For further information concerning this matter, plea	ase call:
Refer Bennett at () (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 amo	ount:
✓\$25 Filing Fee	\$55 Filing Fee & Certified Copy

---INHS:18:(8/05)----

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: Prima Realty and Property Management	<u>.</u> ₩, U
2. The mailing address of the limited liability company is: 305 S. MocDul Ave	_•
Tampa, FL 33609	
OI 30 2006 3. Date of filing/registration in Florida LOGOCO 10736 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: Corporate Creations Network, Inc. Name 11380 Prosperity Forms Rd #201E Address Palm Reach Cordens, FL 33410 City, State and Zip 6. The name and address of the new registered agent and/or office: Teler Bernett Name 3059. Macdill Inc. Florida street address (P.O. Box NOT acceptable)	SECRETARY OF STATE
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. (Signature of a member) Company Compa	ı
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. (Signature of Registered Agent)	to ,

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

INHS18 (8/05)