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SECRETARY OF STATE OF CORPORATIONS OF CORPORATIONS

& BRYAN OCT 1 3 2005

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Crystal Lake Estate (Name of Limite	S, \LC d 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 n	natter to the following:
Sonya K Saus (Name of Person)	
Messer, Caparello & Self, P.A. (Firm/Company)	OS OCT 12
P.O. Box 15579 (Address)	PH 2: 58
Tallahassee Fi 333 3231 (City/State and Zip Code)	7
For further information concerning this matter, ple	ease call:
Sonya Daws at ((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	ount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

INHS18 (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: Crystal Lake Estates, Ll	_(
2. The mailing address of the limited liability company is: 8511 Bull Headley	Road,
Suite 200, Tallahassee, FL 32312	·
3. Date of filing/registration in Florida L0600010833 4. Document number	3
5. The name of the registered agent and the registered office address as shown on the reference of State: Sonya K. Daws Name	cords of the
Name 3116 Capital Circle WE Suit 5 Address Tallahassee, FL 32308 City, State and Zip	SECRETARY DE OCT 12
6. The name and address of the new registered agent and/or office:	PR PR
Sonya K. Daws Name 21018 (entennial Place Florida street address (P.O. Box NOT acceptable)	PH 2: 58
Tallahassee, FL 37308 City, State and Zip	•
If the limited liability company is not organized under the laws of the State of Florida, is confirmed that after the change or changes are made, the Florida street address of the regard the business office of the registered agent will be identical. Or, in the case of a Flo liability company, it is hereby confirmed that the change(s) was/were authorized by an of the members of the limited liability company or as otherwise provided in the articles or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)	it is hereby egistered office rida limited affirmative vote s of organization
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent and agree to act in this capacity, comply with the provisions of all statutes relative to the proper and complete performant and I am familiar with and accept the obligations of my position as registered agent as Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the readdress I hereby confirm that the limited liability company has been notified in writing	I further agree to nce of my duties, provided for in egistered office g of this change.

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

(Signature of Registered Agent)