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EXAMINER

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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.

Name of the limited liability company:Ave	ntura Marina TH #118, L.L.C.		
2. (a) Principal office address of limited liability compan	y:		
(Note: MUST BE STREET ADDRESS)	300 East State Street Jacksonville, Florida 32252		
(b) Mailing address of limited liability company:	22 L		
(Note: MAY BE POST OFFICE BOX)	Same mg 3 5		
08/11/2006	L06000079841		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:		
Registered Agent:	John S. Duss, IV, Esq.		
Registered Office Address:	Ford, Bowlus, Duss, Morgan, Kenney, S 10110 San Jose Boulevard Jacksonville, Florida 32257		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW Registered Agent</u> :	W Registered Office address: John S. Duss, IV		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Duss, Kenney, Safer, Hampton & Joos 4348 Southpoint Boulevard, Suite 101 Jacksonville ,FL32216		
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 atember or authorized representative of a member			
John S. Duss, IV, Authorized Person Printed or typed name of signee			
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the provisions of all statutes relative to the provisions of all statutes relative to the province and I am familiar with and accept the obligations of my processes of the comparation of the limited liability comparations and result hereby confirmation the limited liability comparations.	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office by has been notified in writing of this change.		
Signature of Registered Agent	•		

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