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ATTORNEY AND COUNSELOR AT LAW  
500 VIRGINIA AVENUE, SUITE 202  
FORT PIERCE, FLORIDA 34982-5910

(Address)

(City/State/Zip/Phone #)

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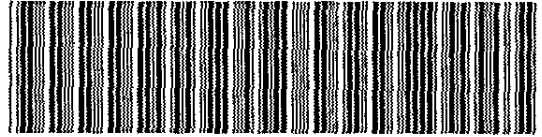
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**BRUCE R. ABERNETHY, JR., P.A.**

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November 1, 2006

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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**Re: Ventures 219, LLC – Change of Registered Office**

Dear Sir/Madam:

Enclosed for filing you will find the following:

1. Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for Ventures 219, LLC

Our check in the amount of \$25.00 made payable to the Florida Division of Corporations is enclosed to cover the required fee.

If you have any questions or if additional information is required, please do not hesitate to call.

Thank you in advance for your cooperation and assistance.

Sincerely,

  
Bruce R. Abernethy, Jr.

BRA/pls  
Enclosures

**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: Ventures 219, LLC
2. The mailing address of the limited liability company is : 1506 Edgevale Road, Fort Pierce,  
Florida 34982

3. Date of filing/registration in Florida October 10, 2006      4. Document number L06000100106

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

Dorothy A. Shaw  
Name  
4700 West Midway Road  
Address  
Fort Pierce, Florida 34981  
City, State and Zip

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

Dorothy A. Shaw  
Name  
1506 Edgevale Road  
Florida street address (P.O. Box NOT acceptable)  
Fort Pierce      FL 34982  
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.

Dorothy A. Shaw  
(Signature of a member or authorized representative of a member)

Dorothy A. Shaw  
(Printed or typed name of signee)

*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.*

Dorothy A. Shaw  
(Signature of Registered Agent)

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

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