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SECRETARY OF STATE
TALLAHASSEE ELOSINA

COVER LETTER

TO: Registration Section Division of Corporations	
ENGLER LAND INVESTMEN	NTS, LLC
	Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
	•
Attorney Bradley T. Freeman (Name of Person)	
(Marie of February)	
	TAS O
(Firm/Company)	
	DEC 29 CRETARY LAHASSI
1250 Larkin Avenue, Suite 100	SSE SSE
(Address)	
	PH 3: I
Elgin, IL 60123	
(City/State and Zip Code)	
For further information concerning this matt	ter, please call:
Attorney Bradley T. Freeman	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	ng 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 608.508, 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.

8 , ,	,					
1. The name of the limite	d liability company is:	ENGLER LA	ND INVESTM	ENTS, LLC		
2. The mailing address of	f the limited liability comp	any is : 1217	Cape Coral	Parkway,	Unit	161
Cape Coral, FL						
October 23, 2006		0000103096				
3. Date of filing/registration in Florida 4. Document nu		cument numb	or			
J. Date of filling/registrat.	ion in Florida	4. Do	cument numb	CI		
5. The name of the register Florida Department of	ered agent and the registere State:	ed office address	as shown on	the records	6	erier.
·	DAVID B. DOUGL	AS		AH	DEC	
	Na 91 Southport C	ame ove	•	TARY ASSE	29) COMP
	Add	dress		m _O	PH	
	Bonita Springs			S	ယ့်	29-Maries
	City, Sta	te and Zip		OF STATE TE FLORID	:- 2	-
6. The name and address	of the new registered agen	t and/or office:)A	8	
	DAVID B. DOUGL	AS				
	Nan					
	28150 L. Burton	Fletcher Cou	rt			
	Florida street address (P	O. Box NOT ac	cceptable)			
	Bonita Springs, F	FL 34135				
	City, State	and Zip				
confirmed that after the cl and the business office of liability company, it is he of the members of the lin	npany is not organized und nange or changes are made the registered agent will be reby confirmed that the chanted liability company or at of the limited liability con ized representative of a member)	e, the Florida strope identical. Or, ange(s) was/wer as otherwise pro	eet address of in the case of e authorized	`the register f a Florida li by an affirm	ed office mited sative v	ote
DAVID B.	DOUGLAS					
(Printed or typed name of signee)						
I hereby accept the apportunity with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm (Signature of Registered Agent)	intment as registered agen is of all statutes relative to describe accept the obligations of his document is being filed that the limited liability co	t and agree to a the proper and my position as to merely refle ompany has been	ct in this cape complete per registered ag ct a change in n notified in v	icity. I furth formance of ent as provid i the registe, vriting of thi	er agr my dui ded for red offi s chan	ee to les, in ce ge.

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