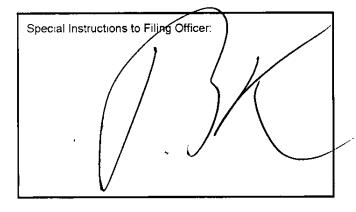
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(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	



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SECRETARY OF STATE
TALLAHASSEE FINANCE

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: \underline{L}	egacy Communities at Inman Oaks, LLC	
2. The mailing address of the limited liability comp	pany is :	
101 North Monroe Street, Suite 900, Tallahassee, Flo	rida 32301	
11/16/2006	L06000111016	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the register Florida Department of State:	ed office address as shown on the records of the	
Charles L. Cooper, Jr.		
Name For 2		
3520 Thomasville Road, Suite 200		
Address		
Tallahassee, FL 32309		
City, Sta	ate and Zip	
6. The name and address of the new registered agen	ame , Suite 200 Idress ate and Zip at and/or office:	
Charles L. Cooper, Jr.		
rame 7		
101 North Monroe Street, Suite 900 Florida street address (P.O. Box NOT acceptable)		
Florida street address (F	2.0. Box NOT acceptable)	
	FL 32301	
City, Stat	e and Zip	
If the limited liability company is not organized und confirmed that after the change or changes are mad and the business office of the registered agent will liability company, it is hereby confirmed that the chof the members of the limited liability company or or the operating agreement of the limited liability confirmed that the chof the operating agreement of the limited liability confirmed that the chof the operating agreement of the limited liability confirmed that the chof that the chof the limited liability confirmed that the chof that	e, the Florida street address of the registered office be identical. Or, in the case of a Florida limited nange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization	
(Signature of a member or authorized representative of a member)		
(legalination of uniform of the months)		
(Printed or typed name of signee)		
I hereby accept the appointment as registered agen comply with the provisions of all statutes relative to and I am familiarly the and accept the obligations of Chapter 608, F.S. Or, if this document is being file address, I hereby confirm that the limited liability of (Signature of Registered Agent)	nt and agree to act in this capacity. I further agree to the proper and complete performance of my duties, if my position as registered agent as provided for in did to merely reflect a change in the registered office company has been notified in writing of this change.	

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