## L07000016804

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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT	MAIL		
(Business Entity Name)			
(Document Number)			
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11600 College Boulevard, Ste 210 Overland Park, KS 66210 800-550-6724 www.nrai.com

June 15, 2007

Amendment Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE:

1108 Quail Circle, LLC

Florida Change of Agent

Dear Sir/Madam,

For the purposes of changing the registered agent and registered office of the above captioned 1108 Quail Circle, LLC enclosed herewith, in duplicate, are a Statement of Change of Registered Office and/or Registered Agent accompanied by our check in Amount of Check.

Please proceed with the filing of the enclosed, returning official receipts and evidence in the enclosed Business Reply Envelope.

Thank you in advance for your cooperation in this matter.

Very truly yours,

Lisa Reeves

Enclosure - Check

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisi liability company subming agent, or both, in the Sta	its the following	608.416 or 608.508, Florida Statute. 3 statement in order to change its regi	s, the undersigned limited istered office or registered
1. The name of the limi	ted liability com	npany is: 1108 Quait Circle, LLC	
2. The mailing address	of the limited lia	ability company is :	•
4013 Ferry Landing Road.	, Alexandria, VA	22309	
2/14/2007		L07000016804	
3. Date of filing/registra	ation in Florida	4. Document nur	nber
5. The name of the regis Florida Department o		the registered office address as shown	on the records of the
-	Cameron, Gra	ace	
		Name	•
	5437 Creeping	g Hammock Road	
		Address	. 7A
	Sarasota, FL		7 JUN 2001 JUN SECRETA
		City, State and Zip	JUN JUN
6. The name and address	s of the new reg	istered agent and/or office:	SSE 19
	NRAi Services	, inc.	The D
	Name 2731 Executive Park Drive, Suite 4		D 3: 59 STATE FLORID
	Florida stree	et address (P.O. Box NOT acceptable)	Α΄ 5
	Weston	FL 33331	
		City, State and Zip	
confirmed that after the and the business office of liability company, it is he the members of the limit the operating agreement (Breaders of a member or author) (Printed or typed name of signed	change or change of the registered ereby confirmed ded liability come of the limited liability come or the liability c	ATTORNEY FOR 1108 QUAN (	of the registered office of a Florida limited d by an affirmative vote of ticles of organization or
and I am familiar with a chapter 608, F.S. Or, if address, I hereby confirm NRAI Services. Inc. (Signature of Registered Agent)	Lisa	istered agent and agree to act in this ca s relative to the proper and complete p bligations of my position as registered a is being filed to merely reflect a change ad liability company has been notified in a Reeves, Assistant Secretary (6//5/	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99) FILING FEE: \$25.00