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FUENTES AND KREISCHER ATTORNEYS AT LAW	Ė
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08/10/07--01030--012 **25.00

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.

agent, or both, in the State	•		•					
1. The name of the limite	d liability company is:	Brooksv	ille 1	Hotel & C	ffice	Park, L	LC	·
2. The mailing address of	f the limited liability co	ompany is : _	5911	Sheldon	Road,	Tampa,	FL	33611
J	·	•						
February 28, 2007			L070	000023703	·	· · · · · · · · · · · · · · · · · · ·		, <u>-</u>
3. Date of filing/registration in Florida			4. Do	cument nu	mber			
5. The name of the register Florida Department of	ered agent and the regi State:	stered office	addres	s as shown	on the	records of	fthe	
	David G. Post	,			_	•		
		Name						
	5911 Sheldon Ro							
	Tampa, Florida	Address 33615						
		, State and Z	ip		-			
6. The name and address	of the new registered a	agent and/or	office:					
	Daniel Pitts '		:					
and the state of t	Daniel	Name		* <u>* * * * * * * * * * * * * * * * * * </u>	- 3 0	••		
	1,711 0010-	F F						
	Florida street addres	ss (P.O. Box	NOT a	icceptable)	,	Me fol to S		- 3.
· ,	Lutz	FL 33	558		<u>`</u> `	<u>કેં</u>	٠,	
•	City,	State and Zip)					
If the limited liability corconfirmed that after the cand the business office of liability company, it is he of the members of the lip or the operating dureeme	hange or changes are a fithe registered agent wareby confirmed that the nited liability company of the limited liability.	nade, the Flovill be idention to the change (s) you as others ty company.	orida sti	reet addres	s of the	registered	d offi sited	ce ote tion
Daniel Lices								
(Printed or typed name of signee								
I hereby accept the appo comply with the provision and I am familian with an Chapter 608, F.S. Orgif address, I hereby confirm	nintment as registered ins of all statutes relation accept the obligation talk document is being that the the three photoster in the three	agent and ag ve to the pro ins of my pos fited to mer ity company	ree to oper and ition as ely refl has be	get in this of complete s registered ect a changen notified	capacity perform lagent ge in the in writ	y. I furthe nance of n as provide e registere ing of this	r agi ny du ed foi ed off chai	ree to ties, r in fice ige
(Signature of Registered Agent)	Bang wage in	. , , ~	r; t					

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