

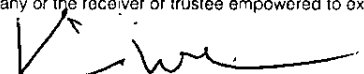
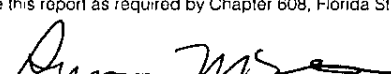


FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # L07000049330				Apr 21, 2008 08:00 Secretary of State	
1. Entity Name PALAZZO DI ORO TIC - MCINTOSH, LLC					
Principal Place of Business 1240 MARBELLA PLAZA DRIVE TAMPA, FL 33619		Mailing Address 1240 MARBELLA PLAZA DRIVE TAMPA, FL 33619			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03202008 Chg-LLC CR2E083 (12/06)	
City & State		City & State		4. FEI Number	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE STE 4 WESTON, FL 33331				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
MGRM MCINTOSH, KIRK S TRUSTEE 1240 MARBELLA PLAZA DRIVE TAMPA, FL 33619 <input type="checkbox"/> Delete			000000908840 05/06/08-80044-020 138.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
MGRM MCINTOSH, SUZANNE M TRUSTEE 1240 MARBELLA PLAZA DRIVE TAMPA, FL 33619 <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:   3-21-08 650-282					