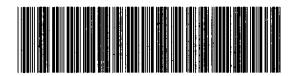
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COVER LETTER

TO: Registration Section **Division of Corporations** Oldsmar Galleria Retail, LLC **SUBJECT:** Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Julie Swenson Name of Person Oldsmar Galleria Retail, LLC Firm/Company 334 East Lake Road, # 172 Palm Harbor, FL 34685 City/State and Zip Code <u>julie@jesproperties.com</u>
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Julie Swenson Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following 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.

Name of the limited liability company:	Oldsmar Galleria Retail, LLC	
2. (a) Principal office address of limited liability comp	eany: Oldsmar Galleria Retail, LLC	
(Note: MUST BE STREET ADDRESS)	3281 Landmark Drive Clearwater, FL 33761	
(b) Mailing address of limited liability company:	Oldsmar Galleria Retail, LLC	
(Note: MAY BE POST OFFICE BOX)	334 East Lake Road, # 172 Palm Harbor, Florida 34685	
05/16/2007	L07000052279	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
Registered Agent:	Weiland, Douglas J MD	
Registered Office Address:	300 State Street E, Sui 2222	
	Oldsmar, FL 34677	
(b) Enter name of NEW Registered Agent and/or !	· · · · · · · · · · · · · · · · · · ·	
NEW Registered Agent:	TATE ORID	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3273 Landmark Drive	
(MOST DE TEORIBA STREET ADDRESS)	Clearwater ,FL33761	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited hability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member		
Douglas J. Weiland, MD Printed or typed name of signee		
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F,S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.		

Signature of Registered Agent