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GRAYROBINSON

407 418 6580 P.03/04

***** -COMM. JOURNAL- ***** DATE DEC-26-2007 TIME 13:39 P.03

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-GRAYROBINSON

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Division of Corporations

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To: Division of Corporations
Fax Number : (850) 617-6380 850 617-6383
From: Carrie L. Ramos, Paralegal
Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : 120010000078
Phone : (407) 843-8880
Fax Number : (407) 244-3690

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REGISTERED AGENT CHANGE

GRAND OAKS PLAZA 192, LLC

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G. MCLEOD
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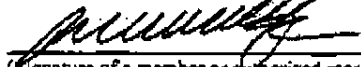
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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: Grand Oaks Plaza 192, LLC
2. The mailing address of the limited liability company is: 5728 Major Blvd., Suite 601, Orlando, FL 32819
3. Date of filing/registration: 9-25-07 4. Document number: L07000098219
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324
6. The name and address of the new registered agent and/or office:
Randall R. Hodge
5728 Major Blvd., Suite 601
Orlando, FL 32819 (P.O. Box NOT acceptable)

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 liability 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)

Randall R. Hodge, authorized representative

(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 duties, and I am familiar with and accept the obligation of my position as registered agent as provided for in Chapter 608, F.S.. Or, if this document is being filed merely to 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)

*** FILING FEE: \$25.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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