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Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : BARNETT, BOLT, KIRKWOOD, LONG & MCBRIDE
Account Number : 072731001155
Phone : (813) 253-2020
Fax Number : (813) 251-6711

REGISTERED AGENT CHANGE

LMP AT HAMMOCKS CAPE HAZE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
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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. Name of the limited liability company: LMP at Hammocks Cape Haze, LLC

2. (a) Principal office address of limited liability company: 11600 Dr. Martin Luther King, Jr. Street N
 (Note: MUST BE STREET ADDRESS) St. Petersburg, FL 33716

(b) Mailing address of limited liability company: 11600 Dr. Martin Luther King, Jr. Street N
 (Note: MAY BE POST OFFICE BOX) St. Petersburg, FL 33716

10/29/07

3. Date of filing/registration in Florida

L07000109359

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

David H. Redden

Registered Office Address:

11207 Blue Heron Blvd. NSt. Petersburg, FL 33716

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:David H. ReddenNEW Registered Office Address:11600 Dr. Martin Luther King, Jr. Street N(MUST BE FLORIDA STREET ADDRESS)St. Petersburg

2008 OCT -7 AM 10:18
 SECRETARY
 TALLAHASSEE, FL 32314

FILED

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.

X

(Signature of a member or authorized representative of a member)

David H. Redden, 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 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.

X

(Signature of Registered Agent)

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

FILING FEE: \$25.00

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