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JOHN P. CARDILLO
WILLIAM D. KEITH
Board Certified Civil Trial Lawyer
Certified Civil Trial Advocate - NBTA
JAMES A. BONAQUIST, JR.

SCOTT C. ROWLAND CHRISTOPHER MARSALA Board Certified Real Estate Lawyer

March 4, 2008

JOHN T. CARDILLO

Phone (239) 774-2229 Fax (239) 774-2494

3550 East Tamiami Trail Naples, Florida 34112-4905

www.ckblaw.com

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

Re: HO LEE ME, LLC

Document No. L07000116011

Dear Sir or Madam:

Enclosed is the original Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company, which we are submitting on behalf of HO LEE ME, LLC. Also enclosed is our check in the amount of \$25.00 representing the filing fee.

Please file the original Statement of Change. Thank you for your prompt attention to this matter.

Very truly yours,

John P. Cardillo

JPC:sma Enclosures

cc/enc.:

Mr. Mel M. Cron

07571C

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provi liability company sub- agent, or both, in the S	mits the following statei	16 or 608.508, Florida Statutes nent in order to change its regis	, the und stered offi	lersign ice or	ed limited registered	
1. The name of the lin	nited liability company i	s: HO LEE ME, LLC			<u>.</u>	
2. The mailing address of the limited liability company is: 5209 Milano Street, Ave Maria, FL 34142						
November 16, 2007		L07000116011				
3. Date of filing/regis	istration in Florida 4. Document nun					
5. The name of the reg Florida Department		gistered office address as shown o	on the rec	ords o	f the	
•	Cardillo, Keith & E	Bonaquist, P.A.				
	0550 E + T +	Name				
	3550 East Tamiam	Address				
Naples, FL 34112		Address	d.,	21		
		y, State and Zip	SEC	1800		
6. The name and addre	ess of the new registered	agent and/or office:	RETAI AHAS	2008 MAR 10		
	Melvin Cron		SEE.		<u>  [1]                                   </u>	
		Name	78	PH		
5209 Milano Street		DRID	1:2	<u> </u>		
	Florida street addre	ess (P.O. Box <b>NOT</b> acceptable)	<u>D</u> M	27		
	Ave Maria	FL 34142				
	City	, State and Zip				
confirmed that after the and the business office liability company, it is of the members of the or the operating agree	ne change or changes are e of the registered agent is hereby confirmed that the limited liability compartment of the limited liability.		of the reg of a Flori	istereo da lim	d office lited	
(Signature of a member or au	ithorized representative of a mer	nber)			•	
Melvin Cron						
(Printed or typed name of sig	, ,					
I hereby accept the an comply with the proving and I am familiar with Chapter 608, F.S. Or address, I hereby conf	opointment as registered sions of all statules relat a and accept the obligati if this document is bein firm that the limited liab	agent and agree to act in this ca ive to the proper and complete po ons of my position as registered of g filed to merely reflect a change flity company has been notified in	pacity. I erformand igent as p in the res writing o	furthe ce of n provide gistere of this	r agree to 1y duties, 2d for in 2d office chänge.	
(Signature of Registered Age	ent)	_				

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