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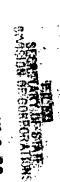
EXAMINER



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COVER LETTER

TO:	Registration Section Division of Corpora							
SUBJECT: SW ORLANDO CONDOS LLC								
		Name of	Limited I	_iability (Compan	У		
Dear	Sir or Madam:						, de	ب چو
The c	enclosed Registered A	gent/Registered	Office Cl	nange and	i fec(s) a	re submitte	ed for filing.	A NIC
Pleas	e return all correspond	lence concerning	g this mat	ter to the	followin	ng:		7
		ETH ALONSO		.				
	Name	of Person						
		NLEY, INC.						
	Firm/C	Company						
		TREET SUITE	200					
		SOR, MI 48104 and Zip Code						
E	ealonso@ E-mail address: (to be used fo	mckinley.com r future annual report	notification)					
For f	urther information con	cerning this mat	ter, pleas	e call:				
	ELISABETH AL	ONSO	at (734 _)		769-8520		
	Name of Person			Area	Code & D	aytime Teleph	ione Number	
	STREET/COURIER	R ADDRESS:		MAILI	NG ADE	DRESS:		
	Registration Section Registration Section							
		vision of Corporations Division of Corporations						
	Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314							
	Tallahassee, Florida 3			тапапаз	ssee, rioi	rida 32314		٠
	Enclosed is a check	k for the followi	ng amou	nt:		•		
	\$25 Filing Fee	\$25 Filing Fee & Certified				& Certific	ed Copy	

TO:

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:	SW ORLANDO CONDOS LLC				
2. (a) Principal office address of limited liability con	mpany: 320 N MAIN STREET SUITE 200				
(Note: MUST BE STREET ADDRESS)	ANN ARBOR, MI 48104				
(b) Mailing address of limited liability company:	320 N MAIN STREET SUITE 200				
(Note: MAY BE POST OFFICE BOX)	ANN ARBOR, MI 48104				
12/03/2007	د کا				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office show					
Registered Agent:	KATHY HENSLEY				
Registered Office Address:	4401 S KIRKMAN ROAD				
•	ORLANDO, FL 32811				
(b) Enter name of NEW Registered Agent and/o NEW Registered Agent:	r <u>NEW Registered Office address</u> : HARRY COLLISON				
NEW Registered Office Address:	180 S KNOWLES AVENUE SUITE 3				
MUST BE FLORIDA STREET ADDRESS	WINTER PARK ,FL 32789				
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the change of the members of the limited liability company or as or the operating agreement of the limited liability considerable. Signature of a member or authorized representative of a member. CHERYL RABBITT Printed or typed name of signee. I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability confirm that the limi	the Florida street address of the registered office identical. Or, in the case of a Florida limited nge(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization mpany.				

Signature of Registered Agent