-960000000382



ACCOUNT NO. : 072100000032

REFERENCE: 541149

7742A

400003091054

AUTHORIZATION

ORDER DATE: January 6, 2000

ORDER TIME: 2:26 PM

ORDER NO. : 541149

CUSTOMER NO: 7742A

CUSTOMER: Jean St. John, Legal Assistant

Tew Cardenas Rebak Kellogg

Suite 2600

201 S. Biscayne Boulevard

Miami, FL 33131

CHANGE OF AGENT

NAME: CALUSA COUNTRY CLUB, L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Reynolds





FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 7, 2000

CSC

ATTN: JEANINE REYNOLDS

SUBJECT: CALUSA COUNTRY CLUB, L.C.

Ref. Number: L96000000382

We have received your document for CALUSA COUNTRY CLUB, L.C. and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

The form you submitted is to change the registered agent for a corporation. Please complete the enclosed form to change the registered agent of a Limited Liabilty Company.

The filing fee is \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6025.

Trevor Brumbley Document Specialist

Letter Number: 800A00000831

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.

	, and the second				
1. The name of the limite	d liability company is:Calu	sa Country Club,	L.C.	·.	
2. The mailing address of	the limited liability company	is: <u>9400 S. W. 13</u>	Oth Avenue,	Miami, FL .	
33186					
					
April 3, 1996		L96000000382			
3. Date of filing/registrati	on in Florida	4. Document n	umber		
5. The name of the register Florida Department of S	red agent and the registered of State:	fice address as shown	n on the record	s of the	•
	James W. 1	Hall			
	Name				-
	c/o 9400 S. W. 13	30th Avenue			
	Address	S			
	Miami, FL			Āo o	
	City, State ar	nd Zip		F6 C	
6. The name and address of the new registered agent and/or office:			-		Markey page 1999 markey Mar
	Thomas R. Lehm	an, P.A.		- 폭폭 5 -	
	Name			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	201 S. Biscayne Blvds	s., Suite 2600			
	Florida street address (P.O. I	Box NOT acceptable)		
	Miami FL	33131-4336			
	City, State and	l Zip			
confirmed that after the chand the business office of liability company, it is her	pany is not organized under the tange or changes are made, the the registered agent will be ide eby confirmed that the changed liability company or as other of the limited liability company	e Florida street addres entical. Or, in the cas (s) was/were authoriz	s of the registe se of a Florida zed by an affire	ered office limited native vote of	يتضابعا إتخارين
× (/)					
Signature of a member or authori	zed representative of a member)	<u>.</u>			
Kenneth A. Welt, Trus	stee	<u> </u>			:
(Printed or typed name of signee)					
I hereby accept the appoi comply with the provision and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm Se. P. A. (MA)	ntment as registered agent and sof all statutes relative to the place of all statutes relative to the place of my his document is being filed to that the limited liability compo	l agree to act in this of proper and complete position as registered merely reflect a changany has been notified	capacity. I fur performance of agent as proven the register in the register in writing of the control of the co	ther agree to of my duties, vided for in vered office his change.	
(Signature of Registered Agent)		_ \ \ - \ - \ \ \ - \ \ \ - \ \ \ - \ \ \ - \ \ \ - \ \ \ - \ \ \ - \ \ \ - \ \ \ - \ \ \ \ - \ \ \ \ \ - \ \ \ \ \ \ - \			—
Divisio	n of Corporations, P.O. Box	6327, Tallahassee, F	L 32314		

FILING FEE: \$25.00

INHS18(10/99)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 TAM EAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENTS

SIGNATUR

(Registered Agent)

DATE 1 - 3 - 00

Division of Corporations, P. O. Box 6327, Tallahassee, FL 323214 CR2E045 (7-90) Filing Fee: \$35.00

SECRETARY STATE SALE