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December 5, 2001

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**VIA FEDERAL EXPRESS**

Florida Department of State  
Registration Section  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

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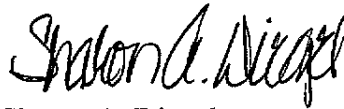
RE: Everglades Polo, L.C.

Dear Sir or Madam:

Enclosed for filing on behalf of the above-referenced entity are an original and copy of Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company, along with a check in the amount of \$25.00 in payment of the filing fee. Please file the Statement of Change and return proof of filing in the attached pre-addressed Federal Express envelope.

Please do not hesitate to contact me at (423)785-8415 if you have any questions or need additional information. Thank you for your assistance.

Sincerely,



Sharon A. Diegel  
Paralegal

Name Availability	
Document Examiner	DCC
Updater	DCC
Enclosures Verifier	DCC
cc w/o encls. Acknowledgement	Theodore K. Whitfield, Jr., Esq. DCC
11/2/01 Verifier	DCC

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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: Everglades Polo, L.C.

2. The mailing address of the limited liability company is : \_\_\_\_\_

Suite 600, The Krystal Building, One Union Square, Chattanooga, TN 37402

May 13, 1997  
3. Date of filing/registration in Florida

L97000000536  
4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Glenn Hart  
Name  
9024 Pinion Drive  
Address  
Lake Worth, FL 33467  
City, State and Zip

6. The name and address of the new registered agent and/or office:

G. Boone Stribling  
Name  
1831 Corsica Drive  
Florida street address (P.O. Box NOT acceptable)  
Wellington, FL 33414  
City, State and Zip

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TALLAHASSEE, FLORIDA

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.

Pamala K Cuzzort, Manager  
(Signature of a member or authorized representative of a member)

PAMALA K Cuzzort, Manager  
(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.*

GBS  
(Signature of Registered Agent)

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