199000003555

(Req	uestor's Name)			
(Add	ress)	•		
, (Add	ress)			
(City.	/State/Zip/Phone	⇒ #)		
PICK-UP	☐ WAIT	MAIL		
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05/02/07--01001--016 **25.00



CFRA, LLC

REGISTERED AGENT SERVICES A SUBSIDIARY OF CARLTON FIELDS

Corporate Center Three at International Plaza 4221 W. Boy Scout Blvd, 10th Floor Tampa, Florida 33607-5736 Mailing Address:
P. O. Box 3239
Tampa, Florida 33601-3239
Tel (813) 223-7000 Fax (813) 229-4133

April 26, 2007

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

Re: JENNINGS BARNETT PROPERTIES, L.L.C.

Dear Sir:

Please find enclosed a Change of Registered Agent form for Jennings Barnett Properties, L.L.C. Also enclosed is Carlton Fields' Check No. 41693 in the amount of \$25.00 for the filing fee.

Very Truly Yours,

Melissa L. Blair

Administrative Assistant

JFB/rpd Enclosures



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.

agent, or both, in the state	oj r ioriaa.	14 M	
1. The name of the limited	l liability company is	JENNINGS BARNETT PROPERT	IES, LLC
2. The mailing address of	the limited liability co	ompany is :	
PO BOX 618271, ORLANDO	D, FL 32824		
06/14/1999 L99000003555			
3. Date of filing/registration	on in Florida	4. Document number	
5. The name of the register Florida Department of S	ed agent and the registate:	stered office address as shown	on the records of the
	DECUBELLIS & M	EEKS, P. A.	
•		Name	
1	837 N. GARLAND A'	√E	
-		Address	
	ORLANDO, FL 3280		
City, State and Zip		O S TAI	
6. The name and address of	f the new registered a	gent and/or office:	FIL 7MAY-2 ECRETARY LAHASSE
(CFRA, LLC		AS AS
	······	Name	SEC 2
4		T BLVD., 10TH FLOOR	
Florida street address (P.O. Box NOT acceptable)		T LORII	
<u> </u>	AMPA	FL 33607	A PO
	City, S	tate and Zip	
confirmed that after the cha and the business office of the liability company, it is here	inge or changes are more registered agent with by confirmed that the ted liability company of the limited liability.	under the laws of the State of Flade, the Florida street address (ill be identical. Or, in the case change(s) was/were authorized or as otherwise provided in the company.	of the registered office of a Florida limited d by an affirmative vote
•	_	,	
	ar Bannott	<u> </u>	
(Printed or typed name of signee)			
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if this address, I hereby confirm the	tment as registered as of all statules relative accept the obligation s document is being f nat the limited liabilit	gent and agree to act in this cap to the proper and complete pe s of my position as registered a iled to merely reflect a change y company has been notified in	pacity. I further agree to informance of my duties, gent as provided for in in the registered office writing of this change.
(Signature of Registered Agent)	1		

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