ATTORNEYS AT LAW
The Starks Building - Suite 1551
455 South Fourth Avenue

Louisville, KY 40202

Howard S. Sturm Paul R. Paletti, Jr. William R. Wilson Mary Z. Ceridan James Wm. Turner, Jr.

Telephone: (502) 589-9254 Telecopier: (502) 584-7311

June 28, 2000

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

RE: Document No. L99000004080 Summer Breeze Ventures, LLC

Dear Sir/Madam:

900003311179--1 -07/03/00--01070--016 \*\*\*\*\*\*25.00 \*\*\*\*\*\*25.00

Enclosed please find the following:

- 1. Original and one (1) photocopy of a Statement of Change of Registered Office/Agent/Both for Summer Breeze Ventures, LLC.
  - 2. Check in the amount of \$25.00 representing payment of the filing fee.

Please return a file marked copy of the Statement of Change and the receipt to the undersigned.

Thank you for your courtesy and assistance in advance. Should you have any questions or desire additional information, please let me know.

Sincerely,

STURM, PALÆTTI & WILSON

MICHELE L. PITTENGER

Paralegal

MLP/s

Enclosures

cc: Mr. John V. Lococo

## DOCUMENT #L9900004080

## 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 limit	ed liability company is:	SUMMER BRE	EZE VENT	TURES, LLC
2. The mailing address of	of the limited liability co	mpany is : 3001	Island	Point Lane, #11
Stuart, Florida	34996			
July 1, 1	999	L99	00000408	30
3. Date of filing/registration in Florida		4. Document number		
5. The name of the regist Florida Department of	ered agent and the regist State:	ered office address	as shown o	on the records of the
	Corporation Se	rvice Compan	у	
		Name		
	1201 Hays Stre	et		
	_	Address		
	Tallahassee, F			
	City, S	State and Zip		5g 90
6. The name and address	of the new registered ag	ent and/or office:		
	John V. Lococo			
	N 3001 Island Po	lame int Lane, #1:	1	
	Florida street address	(P.O. Box NOT ac	cceptable)	The second secon
	Stuart, FL 34	996 FL		
	City, St	ate and Zip		
If the limited liability conconfirmed that after the condition the business office of liability company, it is he he members of the limite the operating agreement of Signature of a member of author	hange or changes are ma the registered agent will reby confirmed that the d liability company or a of the limited liability co	de, the Florida stre I be identical. Or, i change(s) was/were s otherwise provide mpany.	et address of the case of authorized	of the registered office of a Florida limited I by an affirmative vote of

JOHN V. LOCOCO

(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 auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Of, 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.

(Signature of Registered Agent)

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

**FILING FEE: \$25.00** 

INHS18(10/99)