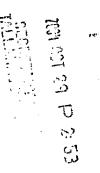
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PARANET CORPORATION SERVICES, INC.

3761 Venture Drive, Suite 260 Duluth, Georgia 30096 770-497-9977 / 800-277-9977 Fax 770-813-0477 / fax 800-815-0477

TRANSMITTAL LETTER

October 27, 2004

RE: Spring Lake Village/St. Petersburg L.L.C.

TO: Florida Department of State Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

FR: Maggie Ferdinand - maggie@paranetlegal.com

Paranet Job No. 04-10-0373/mf

PLEASE FILE/SUBMIT THE FOLLOWING **CHANGE OF AGENT APPLICATION** ON BEHALF OF THE ABOVE COMPANY IN YOUR STATE.

UPON COMPLETION:

FAX EVIDENCE TO ME AT (800) 815-0477

REGULAR MAIL (STAMPED ADDRESSED ENVELOPE PROVIDED)
CHECK NO 8 4672 AMOUNT: \$55.00 ENCLOSED

IF YOU HAVE ANY QUESTIONS, PLEASE CALL US USING OUR TOLL FREE NUMBER (800) 277-9977.

THANK YOU FOR YOUR EXCELLENT SERVICE®

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:	Spring Lake Village/St. Petersburg, L.L.C.
2. The mailing address of the limited liability co	
3301 West End Avenue, Suite 200, Nashville, TN 37	7203
	
12/8/00	M0000002506
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the regist Florida Department of State:	tered office address as shown on the records of the
John Carter	
	Name
3105 Bay Oaks Court	
	Address
Tampa, FL 33629	0
City,	State and Zip
6. The name and address of the new registered ag	gent and/or office:
NRAI Services, Inc.	
ો 526 E. Park Avenue	Name
<u> </u>	(0 O D NOT
Florida street address	s (P.O. Box NOT acceptable)
Tallahassee	FL 32301
City, S	tate and Zip
confirmed that after the change or changes are m and the business office of the registered agent wi liability company, it is hereby confirmed that the	ander the laws of the State of Florida, it is hereby ade, the Florida street address of the registered office II be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote of as otherwise provided in the articles of organization or ompany.
(Signature of a member or authorized representative of a membe	
	Service Servic
C. Harris Haston, Manager	
comply with the provisions of all statutes relative and I am familiar with and accept the obligation. Chapter 608, F.S. Or, if this document is being faddress, I hereby confirm that the limited liability NRAI Services, Inc. (Signature or Registered Agent) Maggie Ferdinand, Asst. Secv.	gent and agree to act in this capacity. I further agree to e to the proper and complete performance of my duties, s of my position as registered agent as provided for in filed to merely reflect a change in the registered office by company has been notified in writing of this change.
Division of Corporations, P.	O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INH\$18(10/99)