

M02000001870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

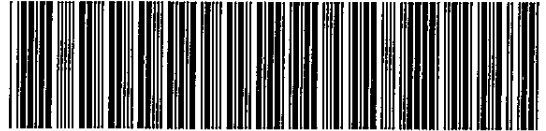
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Office:

[Handwritten signature]

Office Use Only



300049448383

04/12/05--01003--021 **25.00

05 APR 11 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

05 APR 11 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

RECEIVED

CT CORPORATION

April 11, 2005

Department of State, Florida
409 East Gaines Street
Tallahassee FL 32399

FILED
05 APR 11 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Order #: 6339889 SO
Customer Reference 1:
Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

Alta at Little Lake Bryan, L.L.C. (DE)
Change of Agent
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Stephanie Sanders
Fulfillment Specialist
Stephanie_Sanders@cch-lis.com

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

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: BONAPARTE PARTNERS, LLC
2. The mailing address of the limited liability company is : _____
3520 Piedmont Road, Suite 420, Atlanta, Georgia 30305

- 07/18/2002 _____ M02000001870 _____
3. Date of filing/registration in Florida 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:

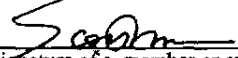
Corporation Service Company _____
Name
1201 Hays Street _____
Address
Tallahassee, FL 32301-2525 _____
City, State and Zip

FILED
05 APR 11 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

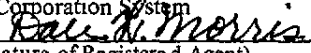
C T Corporation System _____
Name
1200 South Pine Island Road _____
Florida street address (P.O. Box NOT acceptable)
Plantation _____ FL 33324 _____
City, State and Zip

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.


(Signature of a member or authorized representative of a member)

Scott K. Toberman
(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.

 DALE W. MORRIS
ASSISTANT VICE PRESIDENT
(Signature of Registered Agent)

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