M020000000009090

NATIONAL REGISTERED AGENTS, INC. 2030 Main Street, Suite 1030 Irvine, CA 92614				
(City/State/Zip/Phone #)				
PICK-UP] WAIT	MAIL		
(Business Entity Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing	Officer:			

Office Use Only

SEURLIARY OF STATE TALLAHASSEE, FLORIDA



000027437140

01/23/04--01037--012 **25.00

AL

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 limite	ed liability company is:	SUNTERRA CYPRESS POINTE	I DEVELOPMENT, LLC
2. The mailing address of	f the limited liability co	mpany is: 3865 West Chevenne	e Avenue
North Las Vegas, NV 89032	2		· · · · · · · · · · · · · · · · · · ·
August 12, 2002	<u> </u>	M02000002090	
3. Date of filing/registrat	ion in Florida	4. Document num	ber
5. The name of the register Florida Department of		tered office address as shown o	n the records of the
<u>-</u>	C T Corporation System	า	
		Name	4 0
	1200 South Pine Island	Road	ASS F
		Address	
	Plantation, FL 33324		# N
		State and Zip	See O
6. The name and address	of the new registered as	gent and/or office:	R 2:10
	NRAI Services, Inc.		器 :
	****	Name	
	526 E. Park Avenue		<i>y</i>
	Florida street address	(P.O. Box NOT acceptable)	
	Tallahassee	FL 32301	
	City, S	tate and Zip	
confirmed that after the cl and the business office of liability company, it is her the members of the limite the operating agreement of	hange or changes are me the registered agent with reby confirmed that the d liability company or a of the limited liability co	ander the laws of the State of Flade, the Florida street address of ll be identical. Or, in the case of change(s) was/were authorized as otherwise provided in the art ompany.	orida, it is hereby of the registered office of a Florida limited by an affirmative vote of icles of organization or
(Signature of a member or authori	ized representative of a membe	τ)	
Lori Knohl, Attorney-In-Fact (Printed or typed name of signee)		· · · · · · · · · · · · · · · · · · ·	
(Signature of Registered Agent) Paul J. Hagan, Assistant Se	ecretary	gent and agree to act in this cape to the proper and complete pe s of my position as registered a lifed to merely reflect a change y company has been notified in ————————————————————————————————————	
D141210	m or Corporations, F.	U. Dua uja /, Tahahassee, Fl	J4J14

FILING FEE: \$25.00

INHS18(10/99)