m02000003513

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OS AUG -9 AM II: 25
SECKETA SEC. FLORIDA
TALLAHASSEE, FLORIDA

TRANSOM

8226 NORTH WICKHAM ROAD, SUITE 200 MELBOURNE, FLORIDA 32940 321-242-9917 T 321-242-9536 F

July 13, 2005

Florida Department of State Amendment Section Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

RE: FWB

FWB Magnolia Pointe, LLC

Doc #M02000003513

Please be advised that the mailing address of the above referenced Limited Liability Company has changed.

I have also enclosed a Statement of Change of Registered Agent, as well as our check in the amount of \$25.00 to cover the filing fee.

Please don't hesitate to call me at 321-242-9917 if you have any questions or need additional information.

Sincerely,

Renée Sandell

OS AUG -9 AM II: 25
SECRETARISEE, FLORIDA
TACLAHASSEE, FLORIDA

*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:	FWB Ma	gnolia Pointe Pr	operties,	L.L.C.	•
2. The mailing address of						
8226 North Wickham I					_	
12/31/02			M020000035	13		
3. Date of filing/registrat	•	4. Document number				
5. The name of the registe Florida Department of	State:				cords of	the
	Transom Developm		/o Renee Sande	: -		
	1103 W. Hibiscus B	Name Ivd., Suite	408			
	Melbourne, FL 3294	Address 10		_		
	City, S	State and Z	p	-		
6. The name and address	of the new registered ag	ent and/or	office:			
	Transom Developme	ent, Inc.				
	8226 North Wickhan	lame n Road, S	uite 200			
	Florida street address	(P.O. Box	NOT acceptable)			
	Melbourne	FL 3294	0	_		
	City, St	ate and Zip	ı			
If the limited liability com confirmed that after the cl and the business office of liability company, it is her the members of the limite the operating agreement of	tange or changes are ma the registered agent will be confirmed that the of d liability company or a of the limited liability co	ide, the Floid be identice change(s) was otherwise mpany.	rida street address al. Or. in the case	of the re	gistered ida limit ifinmativ organiza	office red
(Signature of a member or authori	ized representative of a member)		;		, <u> </u>
Michael D. Hurst			de la	; 	77 3	
(Printed or typed name of signee)		_		Ċ	- K	332
I hereby accept the appoing the comply with the provision and I am familiar with an interest of the confirm of the confirmation of the c	ntment as registered ags of all statutes relative d accept the obligations his document is being fithat the limited liability	ent and agr to the prop of my posi led to mere company i	ree to act in this ca er and complete p tion as registered ly reflect a change as been notified i	npàcity. T erformor agent as e in the re n writing	further ice of My provided gistered of this c	agree to duties, for in office hange.

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

FILING FEE: \$25.00

INHS18(10/99)