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SEURE IVANCE FLORIDA

July 13, 2005

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

RE: CDC Azalea GP, LLC Doc #M02000003517

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

SECRETARY OF STATE

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	d liability company is:	CDC AZ	ALEA GP, L.L.C.			•
2. The mailing address of				relopmen	t, inc.	•
8226 North Wickham R						
12/31/02			M0200000351	 7		
3. Date of filing/registrati	on in Florida	•	4. Document num	ıber		
5. The name of the register Florida Department of S		tered office	address as shown o	n the reco	rds of	the
	1103 W. Hibiscus B	Name lvd., Suite	408	, ,		
	Melbourne, FL 3294	Address 10 State and Z	ip			
6. The name and address of	f the new registered ag	ent and/or	office:			
	Transom Developm	ent, Inc.				
	8226 North Wickhar	Name n Road, S	uite 200		•	
-	Florida street address	(P.O. Box	NOT acceptable)		•	
	Melbourne	FL 3294	0 _			
•	City, St	tate and Zip		TAS	0	
If the limited liability com- confirmed that after the ch and the business office of t liability company, it is here the members of the limited the operating agreement of	ange or changes are ma the registered agent will by confirmed that the I liability company or a	ade, the Flo Il be identic change(s) v is otherwise	rida street address o	lorida, it is of the regis of a Florid	st er ed o a limit	office ed
(Signature of a member or authorize	ed representative of a member	-)	-	LORI LORI	∏: 2	
Michael D. Hurst	na reproductive of a marrior	,	elen , pare	Dr.	က်	
(Printed or typed name of signee)	<u> </u>		,	· 	٠	
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm to the some bevelop By I will be some between the By I will be some between the by I will be some be some between the by I will be some by I will be some between the by I will be some by I	ntment as registered ag of all statutes relative accept the obligations is document is being fi that the limited liability MENT, /NE.	ent and agi to the prop of my posi iled to mere company i	ree to act in this cap er and complete pe tion as registered a ly reflect a change has been notified in	pacity. I fi rformance gent as pr in the regi writing of	urther of my ovided istered this c	agree to duties, for in office hange.

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

INHS18(10/99)

FILING FEE: \$25.00