mo20000035/8

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05 AUG -9 AMII: 25

July 13, 2005

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

RE:

CDC Crossings GP, LLC

Doc #M02000003518

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

05 AUG -9 AM II: 20 SECRETARY OF STATE TALLAHASSEE, FLORIC

* 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 limit	ed liability compa	any is: CE	CROSS	INGS GP, I	L.C.			
2. The mailing address of						nent, Ind	с	
8226 North Wickham								
12/31/02			M02000003518					
3. Date of filing/registration in Florida			4. Document number					
5. The name of the regist Florida Department of	State:	-				records o	of the	
	Transom Dev		· · ·	enée Sande	<u>.</u>			
	1103 W. Hibis	Nar scus Blvd.						
Address Melbourne, FL 32940					-			
		City, State	and Zip		_			
6. The name and address	of the new registe	ered agent a	and/or office	:				
	Transom Dev	elopment,	Inc.		_			
Name 8226 North Wickham Road, Suite 200					-	`		
	Florida street a	ddress (P.C	D. Box NOT	acceptable)				
	Melbourne	FL	32940					
		City, State a	and Zip		_			
If the limited liability corconfirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement of	hange or changes f the registered ag reby confirmed the d liability compa	are made, ent will be nat the chan ny or as oth	the Florida s identical. O ige(s) was/w ierwise prov	treet address r, in the case ere authorize	of the i of a Fl ed by an	registere orida lin attirma	d office nited tive vote zacton or	of r
(Signature of a member or author	DRES.	member)	 ·.		v	ASS ASS	1 500	- g ====
Michael D. Hurst	.zza representativo or e	. memoer,				MS ,	حة م تراث	
(Printed or typed name of signee					i	FL0		1
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or if address, I hereby confirm Tension Developm Standard (Signiture of Registered Agent)	20, 1200	ered agent celative to the gations of negations of negations the gations of the g	and agree to the proper an my position a to merely ref npany has be	act in this co complete t is registered lect a chang een notified i	apacity berfornik agent a e in the n writin	₹ Figurther ance of hear ance of hear ance of hear ance of hear ance of this are ance of the are are ance of the are are ance of the are are are are are ance of the are are are are are are are are are ar	r agree ny duties ed for in ed office change	to S,

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

DNHS18(10/99) FILING FEE: \$25.00