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MS WHISPERING PALMS, L.L.C.					HAY 18	PM 2: 59				
Principal Place of Business Mailing Address			1	TALI	RETARY	OF STATE				
ATTN: KAREN SADDLER-CONRAD 3424 PEACHTREE ROAD, SUITE 800 ATLANTA, GA 30326		ATTN: KAREN SADDLER-CONRAD 3424 PEACHTREE ROAD, SUITE 800 ATLANTA, GA 30326			OF STATE 5. FLORIDA			I TI I I I I I II		
2. Principal Place of Business		3. Mailing Address								
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Zip	Zip Country Zip		Zip	Country			e of Status Desired		\$5.00 Addi Fee Required	tional
	6. Name	and Address of Current R	legistered Agent	Nor	~~~	7. Name and	d Address of New R	legistered A	gent	
C T CORP 1200 SOU PLANTATI	TH PINE I	ISLAND ROAD		Nar Stre		P.O. Box Numb	per is Not Acceptable	9)		
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	named entit ions of regist	y submits this statement for tered agent.	the purpose of changing its	registered offic	ice or register	ed agent, or be	oth, in the State of Fig	orida. I am f	amiliar with, a	and accept
SIGNATURE .	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOT	C. D				0.100		
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	ue by Ma			10.	signature required	when reinstating)		e check pa a Departme	ent of State	
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SIGNATURE:	Warda f.	Daves -	- (Wanda	F. Davis)	5/11/06	404-846-138
SIGNATUR	E AND TYPED OR PRINTED NAME OF SIGN	ING MANAGING MEMBER, MA	NAGER, OR AUTHORIZED	REPRESENTATIVE	Date /	Daytime Phone #