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Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

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REGISTERED AGENT CHANGE

CSI AT GRANDE LAKES, L.L.C.

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JUN 2 7 2008

EXAMINER

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections of liability company submits the following agent, or both, in the State of Florida.	608.416 or 608.508, Florida Statutes, the underst statement in order to change its registered office o	or registered
1. The name of the limited liability comp	pany is: CSl at Grande Lakes, L.L.C.	
2. The mailing address of the limited liab	bility company is:	· · · · · · · · · · · · · · · · · · ·
P.O. Box 36, Pinehurst, NC 28370		
June 20, 2003	M0300002066	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the Florida Department of State:	he registered office address as shown on the records	of the
Dan Costello		
	Name	7:5 0
11976 B South Joh	hn Young Parkway	98 SEC
Address		品間 🗲
Orlando, FL 32837	7	EN DE L
	City, Stale and Zip	% 28 F
6. The name and address of the new regist	tered agent and/or office:	ست ایا و
C T Corporation System		5 m = C
100	Name	8 3 1 8 3
**************************************		36
rionda sireet a	address (P.O. Box NOT acceptable)	
Plantation		
	City, State and Zip	
and the business office of the registered ag liability company, it is hereby confirmed if	(A)*	ed office mited stive vote
Michael A. Granvazo, Pre (Printed or typed name of signer)	ADDIE SERVICES ETRIC	
I hereby accept the appointment as registe comply with the provisions of all statutes ready and I am familiar with and accept the oblig Chapter 608, F.S. Or, if this document is be address, I hereby confirm that the limited in CT Corporation System	ered agent and agree to act in this capacity. I furth elative to the proper and complete performance of gations of my position as registered agent as provide the proper reflect a change in the register liability company has been notified in writing of this Barbara A Burke Special Assistant Societary	er agree to my dulies, led for in ed office s change.
(Signature of Registered Agent) Division of Corporation	ns, P.O. Box 6327, Tallahassee, FL 32314	

FILING FEE: \$25,00

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