M0300002745

(Reques	tor's Name)	
	·	•
(Address	s)	
(A dalana)		
(Address	5)	
(City/Sta	ite/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Busines	ss Entity Name)	
(Docume	ent Number)	
Certified Copies	Certificates of Status	
,	\wedge /	
Special Instructions to Filing	g Officer:	
_	ffice Use Only	



900074740359

2006 JUN 21 PH 1: 05
SECRETARY OF STATE
AN ASSEE, FLORID

TILED

OF JUN 21 AM IO: 48



ACCOUNT NO. : 072100000032

REFERENCE : 188775 7275202

AUTHORIZATION

COST LIMIT

ORDER DATE: June 19, 2006

ORDER TIME : 9:06 AM

ORDER NO. : 188775-005

CUSTOMER NO: 7275202

CHANGE OF AGENT

NAME: BEE RIDGE, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Denise Mick

EXAMINER'S INITIALS:

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 liability company is: BEE RIDGE, LLC
2.	The mailing address of the limited liability company is:
. 10	770 Columbia Pike, Suite 100, Silver Spring, MD 20901
08	18/2003 M03000002745
	Date of filing/registration in Florida 4. Document number
	The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
	Matt Lundstrom
	Name 25 5 1
100 Rialto Place, Suite 758	
	Address $\frac{1}{2}$ $\frac{1}{2}$
	Melbourne, FL 32901
	City, State and Zip
6.	Matt Lundstrom Name 100 Rialto Place, Suite 758 Address Melbourne, FL 32901 City, State and Zip Corporation Service Company Matt Lundstrom Name 100 Rialto Place, Suite 758 Address Melbourne, FL 32901 City, State and Zip Corporation Service Company
	Corporation Service Company
	Name 1201 Hays Street
	Florida street address (P.O. Box NOT acceptable)
	Tallahassee FL 32301
	City, State and Zip
co an lia of or	the limited liability company is not organized under the laws of the State of Florida, it is hereby firmed that after the change or changes are made, the Florida street address of the registered office the business office of the registered agent will be identical. Or, in the case of a Florida limited will be identical or in the case of a Florida limited will be identical or in the case of a Florida limited will be identical. Or, in the case of a Florida limited will be identical or in the case of a Florida limited will be identical. Or, in the case of a Florida limited will be identi
(51)	nature of a member or authorized representative of a member)
	andra Houen, Vice President/CFO nted or typed name of signee)
	ereby accept the appointment as registered agent and agree to act in this capacity. I further agree to apply with the provisions of all statutes relative to the proper and complete performance of my duties, and familiar with and accept the obligations of my position as registered agent as provided for in apper 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office tress, I hereby confirm that the limited liability company has been notified in writing of this change. Additionally to the president of the provident agent. I have been notified in writing of this change.
(5)	Jacqueline M. Giles, Asst. Vice President

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00