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M. HODGES

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FILING REQUEST

August 3, 2005

FLORIDA DEPARTMENT OF STATE

Type of Filing:

CHANGE OF AGENT

Subject(s):

SUN HOLLY FOREST LLC

Form(s) Enclosed:

STATEMENT OF CHANGE OF REGISTERED OFFICE / AGENT

Supporting Document(s):

NONE

Check Enclosed:

CHECK# 19929 FOR \$25.00

Return Via:

REGULAR MAIL - SASE ATTACHED

Filing Method:

ASAP

PLEASE RETURN TO:

PREMIER CORPORATE SERVICES, INC.

590 PARK STREET, SUITE 6

ST. PAUL, MN 55103

Please call me at 1-800-227-1256 if there are any questions.

Thank you!

Melissa Hobbs

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 company is:	Sun Holly For	rest LLC		·
2. The mailing address o					·
27777 Franklin Road, Suite	e 200, Southfield, MI 4803	34		····	•
04/21/2004			M04000001529		
3. Date of filing/registration in Florida			4. Document number		
5. The name of the regist Florida Department of		stered office a	ddress as shown or	n the records of	the
r	CT Corporation System	า			
		Name			
	1200 South Pine Island	l Road			
		Address			
	Plantation, FL 33324			i.	90
	City,	State and Zip)		.5
6. The name and address	of the new registered a	gent and/or of	fice:		 ! ::=
	NRAI Services, Inc.				2
		Name			. S
2731 Executive Park Drive, Suite 4			÷	भ	
	Florida street address	s (P.O. Box N	OT acceptable)		:)
	Weston	FL 33331		÷.	
	City, S	State 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	change or changes are me fithe registered agent we be confirmed that the ed liability company or of the limited liability company confirmed that the limited liability confirmed the liability	nade, the Flori ill be identical c change(s) wa as otherwise p company.	da street address o	f the registered of a Florida limi	office ited
Signature of a member or autho	rized representative of a member	er)			
Jonathan Colman (Printed or typed name of signee					
I hereby accept the apportunity with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm NRAI Services, Inc. (Signature of Registered Agent)	gonnior	gent and agree to the propens of my positified to merely ty company hi	ee to act in this cap ir and complete pe ion as registered a y reflect a change as been notified in	acity. I further rformance of m gent as provide in the registere writing of this	agree to y duties, ed for in ed office change.
Sue Johnson, Asst. Secret Divisi	tary on of Corporations, P.	.O. Box 6327.	Tallahassee, FL	32314	

INH\$18(10/99) FILING FEE: \$25.00