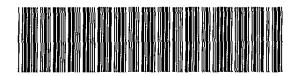
M04000001711

		<u> </u>
(Req	uestor's Name)	
<u> </u>		
422 East	County Road D	·
	Minnesota 5511	
(Add	ress)	
(City	/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nam	e)
(Doc	ument Number)	
(200	ament Namber)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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FILED
TALLAHASSEE, FLORIDA
TALLAHASSEE, FLORIDA



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	d liability company is:	Heritage Development of Central Florida, L	LC
		mpany is: 422 E. County Road D	
Little Canada, MN 551			
April 29, 2004	y production of the state of th	M0400001711	
3. Date of filing/registrati	on in Florida	4. Document number	
5. The name of the register Florida Department of S	red agent and the regist State: Gary Turner	ered office address as shown on the records of the	e
		Name	
	8640 SW 212nd Stre	eet, #108	
	Miami, FL 33189	Address	3 ==
	City, S	State and Zip	LED PAR
6. The name and address of	of the new registered age	ent and/or office:	呈 0
	Gary Turner	A SPACE	PH 2: 45
•	2390 Cattleman Roa	Name Sm	ঠ
-	Florida street address	(P.O. Box NOT acceptable)	
	Sarasota	FL 34232	
	City, Št	ate and Zip	
confirmed that after the ch and the business office of t liability company, it is here the members of the limited the operating agreement of	ange or changes are ma the registered agent will eby confirmed that the of I liability company or as fithe limited liability con		ice vote of on or
(Signature of a member or authorize	zed representative of a member))	
Edward John Dobbs			
(Printed or typed name of signee)			
- Yeart W	ntment as registered age s of all statutes relative l accept the obligations his document is being fit that the limited liability	ent and agree to act in this capacity. I further ag to the proper and complete performance of my d of my position as registered agent as provided fo led to merely reflect a change in the registered of company has been notified in writing of this cha	ree to uties, or in ffice nge.
(Signature of Registered Agent)		Dov (227 Tallahaman DV 22214	

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

INHS18(10/99)

FILING FEE: \$25.00