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M. HODGES

08/08/05--01066--006 **25.00



FILING REQUEST

August 3, 2005

FLORIDA DEPARTMENT OF STATE

Type of Filing:

CHANGE OF AGENT

Subject(s):

SUN ORANGE TREE LLC

Form(s) Enclosed:

STATEMENT OF CHANGE OF REGISTERED OFFICE / AGENT

Supporting Document(s):

NONE

Check Enclosed:

CHECK# 19926 FOR \$25.00

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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.

,,	J				
1. The name of the limited	d liability comp	pany is: Sun Orange Tree LLC			·
2. The mailing address of	f the limited lial	bility company is:			
27777 Franklin Road, Suite	200, Southfield,	MI 48034	. ,		
05/21/2004 M040000019		M04000001963			
3. Date of filing/registration in Florida		4. Document num	ber		
5. The name of the register Florida Department of		he registered office address as shown or	n the record	ls of the	
•	CT Corporation	System			
		Name			
1200 South Pine Island Road					
		Address	-		
	Plantation, FL				
		City, State and Zip			<u>ب</u>
6. The name and address of the new registered agent and/or office:				•	95 AT
	NRAI Services,	Inc			i W
		Name			
	2731 Executive	Park Drive, Suite 4	±		<u> </u>
	Florida street	t address (P.O. Box NOT acceptable)		. **	ر. ري
	Weston	FL 33331	≟		Ċ
		City, State and Zip			
confirmed that after the cland the business office of liability company, it is he the members of the limite the operating agreement of the limite the operation of the limite the limite the limite the limite the operation of the limite the li	hange or change the registered a reby confirmed d liability comp of the limited lia	-	of the registe of a Florida by an affir	ered offi limited mative v	ote of
(Signature of a member or author	ized representative of	of a member)			
Jonathan Colman					
(Printed or typed name of signee)					
THE SUCCESSION SUCCESS	intment as regis is of all statutes ad accept the obtained this document is that the limited	stered agent and agree to act in this cap relative to the proper and complete per ligations of my position as registered as speing filed to merely reflect a change d liability company has been notified in	acity. I fur rformance (gent as pro in the regis writing of (ther agr of my du vided for tered off this char	ree to ties, r in fice ige.
(Signature of Registered Agent) Sue Johnson, Asst. Secreta	y arv				
Divisio	on of Corporat	ions, P.O. Box 6327, Tallahassee, FL	32314		

FILING FEE: \$25.00