M04000001992

(Re	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone #	‡)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Name	-
(Do	cument Number)	
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FILING REQUEST

August 3, 2005

FLORIDA DEPARTMENT OF STATE

Type of Filing:

CHANGE OF AGENT

Subject(s):

SUN KINGS LAKE LLC

Form(s) Enclosed:

STATEMENT OF CHANGE OF REGISTERED OFFICE / AGENT

Supporting Document(s):

NONE

Check Enclosed:

CHECK# 19932 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 lim	ited liability comp	oany is: Sun Kings Lal	(e LLC				
2. The mailing address					<u></u>		
27777 Franklin Road, Su	ite 200, Southfield,	MI 48034					
05/24/2004			M04000001992				
3. Date of filing/registration in Florida 4			. Document num	ber			
5. The name of the reginal Florida Department		he registered office ac	ldress as shown o	n the reco	ords of t	he	
•	CT Corporation	System	•				
		Name					
	1200 South Pin	e Island Road					
	1200 000011111	Address		•		_	
	Plantation, FL 3					S	
	- iditionally i E c	City, State and Zip		1 -	ž., 7·	-	
6. The name and addre	ss of the new regis	_				÷	
	NRAI Services,	Inc.			- - ,	<u></u>	
	<u> </u>	Name				.55	
	2731 Executive	Park Drive, Suite 4			7.	: ວົງ	
	Florida street	address (P.O. Box N	OT acceptable)			\Box	
	Weston	FL 33331					
		City, State and Zip					
If the limited liability of confirmed that after the and the business office liability company, it is the members of the limit the operating agreement	e change or change of the registered a hereby confirmed lited liability comp at of the limited lia	es are made, the Floringent will be identical that the change(s) was any or as otherwise pubility company.	da street address o . Or, in the case of s/were authorized	of the reg of a Florid I by an af	istered o da limite firmativ	office ed e vote of	
Signature of a member or aut	horized representative o	f a member)					
Jonathan Colman (Printed or typed name of sign	nee)			•			
I hereby accept the ap comply with the provis and I am familiar with Chapter 608, F.S. Or, address, I hereby confi NRAI Services, Inc. (Signature of Registered Ager Sue Johnson, Asst. Sec	U JONSOV retary				further of my provided gistered of this ci	agree to duties, for in office hänge.	
Divi	sion of Corporati	ions, P.O. Box 6327,	i allahassee, FL	32314			

FILING FEE: \$25.00

INH\$18(10/99)