M04000003967

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(Address)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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ACCOUNT NO. : 072100000032

REFERENCE :

5124579

Control of the Contro

COST LIMIT

: \$ 25.00

ORDER DATE: August 8, 2005

ORDER TIME : 10:14 AM

ORDER NO. : 529485-010

CUSTOMER NO: 5124579

CUSTOMER: Mr. Michael Clarke

Kolter Property Company

Suite 1600

2200 Yonge Street Toronto, ON M4S 2C6

CHANGE OF AGENT

NAME: GARDENS POINTE DEVELOPMENT,

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward

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:	DOMANI I	EVELOPMENT, LLC		
2. The mailing address of	of the limited liability co	mpany is:	1601 Forum Plac	e, Suite 805	
West Palm Beach,	FL 33401				
					·
September 23, 200		-	M04000003967		
Date of filing/registra	tion in Florida		4. Document num	iber	
5. The name of the regist Florida Department of		tered office	address as shown o	n the records of t	he
	Valdes-Fauli Corr		Services, Inc.	= _	
		Name		SE(7
	777 South Flagler		Suite 500 East	CHETARY LAHASSI	
		Address		ASA -	
	West Palm City	State and 2		33. C	> <u> </u>
6. The name and address	**		•	RETARY OF STATE AHASSEE, FLORID	
	Corporation	n Service	Company	골속 :	<u> </u>
	1	Name		Þ	
	1201 H	ays Stree	et		
	Florida street address	(P.O. Box	NOT acceptable)		
	Tallahassee	FL	32301	,	
	City, S	tate and Zi	9		
If the limited liability conconfirmed that after the cand the business office of liability company, it is he the members of the limit the operating agreement (Signature of a member or author)	change or changes are many of the registered agent will be ereby confirmed that the ed liability company or a of the limited liability company.	ade, the Flo II be identi- change(s) as otherwis ompany.	orida street address of cal. Or, in the case of was/were authorized	of the registered of of a Florida limite I by an affirmativ	office ed e vote of
MICHAGE CCF (Printed or typed name of signes	ARKE		× €TT 1		
	e 1019		_	pacity. I further of my gent as provided in the registered writing of this call	agree to duties, for in office hange.
(Silvature of Registered Agent)	11-				
() Divisi	on of Corporations, P.	O. Box 632	27, Tallahassee, FL	32314	
INHS18(10/00)	FILIN	G FEE: \$	25.00		