M0400004555

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ACCOUNT	NO.	:	072100000032
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REFERENCE: 144802

AUTHORIZATION

COST LIMIT :

ORDER DATE: May 31, 2006

ORDER TIME: :59 PM

ORDER NO. : 144802

CUSTOMER NO: 7417111

CHANGE OF AGENT

NAME: GEMINI RANCH LAKE, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS:

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 limite	d liability company i	is: GEMINI	RANCH LAKE, LLC	·
2. The mailing address of	the limited liability	company is	:	
16740 Birkdale Commons Pky	wy., Suite 301, Huntersv	ille, NC 28078	1	
10/25/2004			M04000004555	
3. Date of filing/registrati	on in Florida		4. Document n	umber 3
5. The name of the registe Florida Department of S		gistered offi	ce address as show	n on the records of the
	Phili	ip H. Ward, III	, Esq.	- SSA
		Name		Fig. I
	44	120 Beacon Ci Address	rcle	- For si
	West F	Palm Beach, F.	. 33407	
		y, State and		- F
6. The name and address of	of the new registered	agent and/o	or office:	
	Corpora	ition Service C	ompany	_
		Name		
,		201 Hays Stree		.
	Florida street addre	ess (P.O. Bo	x NOT acceptable)
	Tallahassee	FL	32301	
	City,	, State and Z	Cip	
If the limited liability come confirmed that after the chand the business office of liability company, it is her of the members of the lim or the operating agreement of the member of a member or authority (Signature of a member or authority).	nange or changes are the registered agent reby confirmed that the little liability compart of the limited liabil	made, the I will be iden the change(s ny or as othe lity compan	Plorida street addrest tical. Or, in the case was/were authories wise provided in the	ss of the registered office see of a Florida limited
Dante Massaro, Vice President	•			
(Printed or typed name of signee)			_	
		l agent and dive to the proof on sof my poor filed to modify compan	agree to act in this oper and complete osition as registered rely reflect a chan y has been notified	capacity. I further agree to performance of my duties, d agent as provided for in ge in the registered office in writing of this change.
(Signature of Registered Agent)	occupation M. Giles, AVI	ס יייירול,		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00