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CHANGE OF AGENT						
NAME: GEMINI RAN	ICH LAI	KE MANAGER,	LLC			
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PLEASE RETURN THE FOLLOWING	AS PI	ROOF OF FILI	NG:			
CERTIFIED COPY PLAIN STAMPED COPY						
CONTACT PERSON: Sara Lea						
	EXAM	INER'S INITI	ALS:			

## 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 i	s: GEMINI R	ANCH LAKE MAN	AGER, LLC		
2. The mailing address of	the limited liability	company is:				
16740 Birkdale Commons Pky	wy., Suite 301, Huntersv	ille, NC 28078				
10/25/2004			M04000004556			
3. Date of filing/registrati	on in Florida		4. Document no	ımber		
<ul><li>5. The name of the registe Florida Department of S</li><li>6. The name and address of S</li></ul>	State:  Phili  44  West F  Cit  of the new registered  Corpora	Name Name Page Beacon Circ Address Palm Beach, FL y, State and Z	Esq.  Be 33407  Dip office:	on the records of the FILED SECRETARY OF STATE OF STATE		
Florida street address (P.O. Box NOT acceptable)						
	Tallahassee	FL , State and Zi	32301			
If the limited liability comconfirmed that after the chand the business office of liability company, it is her of the members of the limit or the operating agreement (Signature of a member or authority)	apany is not organized ange or changes are the registered agent reby confirmed that the hited liability compart of the limited liability and	ed under the la made, the Flo will be identi- he change(s) ny or as other lity company.	tws of the State of orida street addres cal. Or, in the cas was/were authorize wise provided in t	ss of the registered office see of a Florida limited		
_ Lagreline	ntment as registered s of all statutes relat d accept the obligati his document is bein that the limited ligbi	₽	ree to act in this oper and complete ition as registered ely reflect a chan has been notified	capacity. I further agree to performance of my duties, I agent as provided for in ge in the registered office in writing of this change.		

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