

M04 00000 4657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

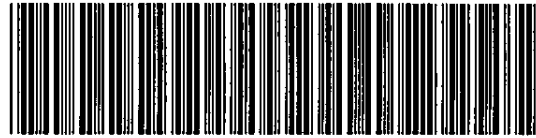
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

1-24
[Handwritten Signature]

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**CAPITOL
SERVICES**

January 19, 2007

FLORIDA SECRETARY OF STATE
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Attn: Corporate Filing Dept.

Re: **GAINESVILLE ASSOCIATES INTERMEDIATE, LLC**

Dear Filing Officer:

Enclosed please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations, for the above referenced name, which is to be filed in your office. Also enclosed is check #12296 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions, please contact x153 at 800-345-4647.

Thank you,

Myra Simmons-Homer
Registered Agent Services
Enclosures

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PO BOX 1831
AUSTIN, TX 78767

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 liability company is: GAINESVILLE ASSOCIATES INTERMEDIATE, LLC

2. The mailing address of the limited liability company is : _____

10 Campus Blvd., Newtown Square, PA 19073

10/28/2004
3. Date of filing/registration in Florida

M04000004657
4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Capitol Corporate Services, Inc.
Name
1333 North Duval St.
Address
Tallahassee, FL 32303
City, State and Zip

6. The name and address of the new registered agent and/or office:

Capitol Corporate Services, Inc.
Name
155 Office Plaza Dr., Suite A
Florida street address (P.O. Box NOT acceptable)
Tallahassee FL 32301
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Anthony J. Cardamone
(Signature of a member or authorized representative of a member)

Anthony J. Cardamone

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Delanie Case Delanie Case, Assl. Sec.
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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