M0500001276

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(Ad	dress)		
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: GWC-2004 L.L.C. (Name of Lin	mited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	uis matter to the following:
Gerald A. Krueger	
(Name of Person)	2006 I
American Community Developers, (Firm/Company)	id g
20250 Harper Avenue	AH 9:
(Address)	
Detroit, MI 48225	
(City/State and Zip Code)	
For further information concerning this matter,	, please call:
Gerald A. Krueger (Name of Person)	at (313) 881-8150 x111 (Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	amount:
☑ \$25 Filing Fee	\$55 Filing Fee & Certified Copy

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: GWC-2004 L.L.C.	·
2. The mailing address of the limited liability	company is : 20250 Harper Avenue	
	Detroit, MI 48225	•
March 9, 2005	M05000001276	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registered agent age	_	ecords of the
David Tomlinso	on 	
<u> </u>	Name	
10132 Cody Lan	ne	
Orlando, FL 32	Address 2825	
Cii	ty, State and Zip	
6. The name and address of the new registered	d agent and/or office:	201 V
David Tomlinso	<u>n</u>	SECRET DIVISION C
9510 N W 83rd Stre	Name	H GF T
	ress (P.O. Box NOT acceptable)	77 I.E. 77 CO 23
riorida street addi	ess (F.O. Box NOT acceptable)	
Tamarac	FL 33321	_ 9:
City	, State and Zip	. 58
If the limited liability company is not organize confirmed that after the change or changes are and the business office of the registered agent liability company, it is hereby confirmed that of the members of the limited liability compa or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member of	e made, the Florida street address of the re- will be identical. Or, in the case of a Flo- the change(s) was/were authorized by an any or as otherwise provided in the article ility company.	it is hereby egistered office orida limited
Gerald A. Krueger (Printed or typed name of signee)		
I hereby accept the appointment as registered comply with the provisions of all statutes related and I am familiar with and accept the obligation of the confirmation of the limited liab adjoint of Registered Agent)	d agent and agree to act in this capacity. tive to the proper and complete performa ions of my position as registered agent as ng filed to merely reflect a change in the r ility company has been notified in writing	I further agree to nce of my duties, s provided for in registered office g of this change.

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