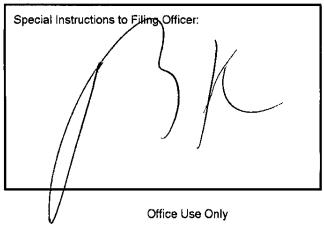
MU5000002428

	(Requestor	's Name)	
	(Address)		
	(Address)		
	(City/State	/Zip/Phone #)	
PICK-U	· 🗆	WAIT	MAIL
	(Business	Entity Name)	. V , · · · · ·
	(Document	t Number)	
Certified Copies	c	Certificates of	Status
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OF JUN-5 PH 2: 56

2006 JUN -5 AM 9: 20



ACCOUNT NO. : 072100000032

REFERENCE: 144802

7417111

AUTHORIZATION :

COST LIMIT :

ORDER DATE: May 31, 2006

ORDER TIME : :59 PM

ORDER NO. : 144802

CUSTOMER NO: 7417111

CHANGE OF AGENT

NAME: GEMINI MANAGEMENT COMPANY, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX 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 limited	d liability company i	s: GEMINI MA	NAGEMENT CO	MPANY, LLC			
2. The mailing address of	the limited liability	company is:					
16740 Birkdale Commons Pky	vy., Suite 301, Huntersvi	lle, NC 28078					
05/04/2005			M05000002428				
3. Date of filing/registrati	on in Florida	•	4. Document m	umber			
5. The name of the registe Florida Department of S	State:			n on the records of the			
	Philip	p H. Ward, III, Esc Name	<u>4·</u>	- 20			
0.00							
Address Address							
West Palm Beach, FL 33407							
		y, State and Zip		- 海2			
6. The name and address of the new registered agent and/or office:							
Corporation Service Company							
Name 1201 Hays Street							
Florida street address (P.O. Box NOT acceptable)							
	Tallahassee	FL	32301				
	City,	State and Zip					
If the limited liability comconfirmed that after the chand the business office of liability company, it is her of the members of the lim or the operating agreement (Signature of a member or authority)	tange or changes are the registered agent to be confirmed that the little distributed liability compand to f the limited liability.	made, the Flori will be identica he change(s) w ny or as otherwi ity company.	ida street addres l. Or, in the cas as/were authori	ss of the registered office			
Dante Massaro, Vice President	<u>t</u>						
(Printed or typed name of signee)							
I hereby accept the appoint comply with the provision and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered s of all statutes relating accept the obligation his document is being that the limited liabi	agent and agre ive to the prope ons of my positi g filed to merel lity company hi	e to act in this r and complete on as registered y reflect a chan as 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)	acqueline M. Giles, AVF)					

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