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ACCOUNT NO. : 072100000032 REFERENCE : 144802 AUTHORIZATION C COST LIMIT ORDER DATE: May 31, 2006 ORDER TIME : 12:53 PM ORDER NO. : 144802-225 CUSTOMER NO: 7417111 CHANGE OF AGENT NAME: GEMINI TAMIAMI 4, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: 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 limit	ed liability company is: GEMINI TA	MIAMI 4, LLC		
2. The mailing address o	of the limited liability company is: _			
_	-			
10/40 Birkuale Commons Pk	kwy., Suite 301, Huntersville, NC 28078			
06/17/2005		M05000003298		
3. Date of filing/registrat	tion in Florida	4. Document number	r	
5. The name of the regist Florida Department of	ered agent and the registered office a State:	address as shown on th	he records of the	e
•	Philip H. Ward, III, Es	sq.		
	Name	<del> </del>		
	4420 Beacon Circle	;	- 2	
	Address		2006 JUN -6 SECRETAR' TALLAHASS	eren (
	West Palm Beach, FL 33			71
	City, State and Zi	p	五十	· ·
6. The name and address	of the new registered agent and/or o	ffice:		m
	Corporation Service Comp	pany	AM 8: 45 OF STATE	
	Name		85 +	
	1201 Hays Street		कुतां ज	
	Florida street address (P.O. Box N	NOT acceptable)	,	
	Tallahassee FL	32301		
	City, State and Zip			
confirmed that after the cand the business office of liability company, it is he of the members of the lin or the operating agreement	mpany is not organized under the law change or changes are made, the Flor f the registered agent will be identicated that the change(s) we mited liability company or as otherway of the limited liability company.	rida street address of that. Or, in the case of a vas/were authorized by	he registered of a Florida limited v an affirmative	l vote
Dante Massaro, Vice Presider	ot			
(Printed or typed name of signee				
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	nintment as registered agent and agr ns of all statutes relative to the prope nd accept the obligations of my posit this document is being filed to merel n that the limited liability company h	ee to act in this capac er and complete perfoi ion as registered agen ly reflect a change in t as been notified in wr	ity. I further ag rmance of my d it as provided fo the registered o iting of this cha	ree to uties, or in ffice inge.
(Signature of Registered Agent)	Jacqueline M. Giles. AVP.			

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