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2006 JUN -6 AM 8: 45



ACCOUNT NO.	:	072100000032

REFERENCE : 144802 7417111

AUTHORIZATION-

COST LIMIT (

ORDER DATE: May 31, 2006

ORDER TIME : 1:0 PM

ORDER NO. : 144802-235

CUSTOMER NO: 7417111

CHANGE OF AGENT

NAME: GEMINI TAMIAMI 6, 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 limited	l liability company i	is: GEMINI TAI	MIAMI 6, LLC			
2. The mailing address of	the limited liability	company is :				
16740 Birkdale Commons Pkw	y., Suite 301, Huntersv	ille, NC 28078				
06/17/2005			M05000003300			
		4. Document nur	nber			
5. The name of the register Florida Department of S		gistered office a	address as shown	on the records of t	he	
•	Phili	ip H. Ward, III, Es	q.			
-		Name	•			
	44	420 Beacon Circle				
•		Address		12S	·	
West Palm Beach, FL 33407					and the first	
City, State and Zip			2006 JUN SECRET TALLAHA	8 9		
6. The name and address o	1-6 TARY ASSE	e e e				
Corporation Service Company						
-	8: 45 STATE FLORID	Security and				
Florida street address (P.O. Box NOT acceptable)						
	Tallahassee	FL	32301			
-		, 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. (Signature of a member or authorized representative of a member)						
Dante Massaro, Vice President (Printed or typed name of signee)						
I hereby accept the appoin comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if th address, I hereby confirm t	ntment as registered of all statutes relat accept the obligati is document is bein that the limited liab	l agent and agre ive to the prope ons of my posit g filed to merel lity company h	ee to act in this ca or and complete p ion as registered a y reflect a change as been notified i	ipacity. I further of erformance of my agent as provided of in the registered in writing of this cl	agree to duties, for in office lange.	
(Signature of Registered Agent) Ja	acqueline M. Giles, AVI	e D.				

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