## M05000003450

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ECHETARY OF STATE



CONTACT PERSON: Sara Lea

ACCOUNT NO. : 072100000032 REFERENCE : 144802 7417111 AUTHORIZATION \_ ORDER DATE: May 31, 2006 ORDER TIME : 1:02 PM ORDER NO. : 144802-245 CUSTOMER NO: 7417111 CHANGE OF AGENT NAME: GEMINI TAMIAMI 8, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX PLAIN STAMPED COPY

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 is	: GEMINI TAI	MIAMI 8, LLC	<u> </u>		
2. The mailing address of	the limited liability c	company is : _		,		
16740 Birkdale Commons Pky	vy., Suite 301, Huntersvil	le, NC 28078				
06/23/2005			M05000003450			
3. Date of filing/registrati	on in Florida		4. Document num	ber		
5. The name of the registe Florida Department of S		istered office a	iddress as shown o	n the records of the		
Tiona Department of L		H. Ward, III, Es	q.	200 TAS		
Philip H. Ward, III, Esq.  Name  4420 Beacon Circle  AFT  AFT  AFT  AFT  AFT  AFT  AFT  AF						
Address 4420 Beacon Circle						
West Paim Beach, FI 33407						
	City, State and Zip					
6. The name and address of	of the new registered a	agent and/or o	ffice:	AM 8: 45 OF STATE EE. FLORID		
Corporation Service Company						
Name						
Florida street address (P.O. Box NOT acceptable)						
	1 lorida street addres	33 (1.O. DOX 1	(Or acceptable)			
	Tallahassee	<u>FL</u>	32301	<del></del>		
	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 limit or the operating agreement (Signature of a member or authority)	the registered agent very confirmed that the telephone that the liability company tof the limited liability.	made, the Flor vill be identicate change(s) was otherway company.	ida street address on the case of the case	of the registered office of a Florida limited I by an affirmative vote		
Dante Massaro, Vice President	<u> </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 a s of all statutes relatived di accept the obligation his document is being that the limited liabil	agent and agre ve to the prope ns of my posit of filed to merel ity company h	ee to act in this caper and complete pe ion as registered a y reflect a change as been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.		
(Signature of Registered Agent)	acqueline M. Giles, AVP	<u>P</u>				

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