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(Business Entity Name)			
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MOROZOJ MALLAHASSEE, FI

HM

HENDERSON & MAXWELL, P.A.

July 25, 2005

Florida Department of State -

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sir/Madam:

Enclosed for filing with your office are change of address of registered agent forms and checks for filing fees relative to the entities listed below:

Montecito New River Limited Partnership	\$35.00
Montecito Jensen, LLC	\$25.00
Montecito Y L Ventures, LLC	\$25.00
Montecito F H Venture, LLC	\$25.00
Montecito Del Ray, LLC	\$25.00
Montecito New River Management, LLC	\$25.00
Montecito New River I, LLC	\$25.00
Montecito New River, LLC	\$25.00

Should you have any questions, please do not hesitate to call me. Thank you for your assistance in this matter.

Very truly yours,

Douglas R. Maxwell

DRM/dw Enclosures OS JUL 28 PH 1:58

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:	Montecito New River I, LLC	
2	The mailing address of the limited liability cor	mpany is: 7785 Baymeadows Way, Suite 200,	
	acksonville, FL 32256		
	6/24/05	№ 105000003489	
	Date of filing/registration in Florida	4. Document number	
5.	The name of the registered agent and the regist Florida Department of State:	ered office address as shown on the records of the	
	Douglas R. Maxwell	<u> </u>	
	4309 Pablo Oaks Co	Name ourt, Suite Five	
		Address	
	Jacksonville, FL 32	State and Zip	
_	•	The state of the s	
6. The name and address of the new registered agent and/or office:			
	Douglas R. Maxwell	FLOATT	
	10739 Deerwood Pa	Name ark Blvd., Suite 200A	
	Florida street address	(P.O. Box NOT acceptable)	
	Jacksonville	FL 32256	
	City, St	ate and Zip	
and liather the	nfirmed that after the change or changes are mad the business office of the registered agent will bility company, it is hereby confirmed that the emembers of the limited liability company or a coperating agreement of the limited liability company or a company or a coperating agreement of the limited liability company.		
(Si	gnature of a member or authorized representative of a member	r)	
	ouglas R. Maxwell , VP & Asst. Sec.		
•	rinted or typed name of signee)		
_	Mryko S. Maybell	tent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, to the proper and complete performance of my duties, to my position as registered agent as provided for in itself to merely reflect a change in the registered office y company has been notified in writing of this change.	
(3)	gnature of Registered Agent) Division of Corporations P. C.	Nov 6327 Tallahassee Ri 32314	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INH\$18(10/99)

FILING FEE: \$25.00