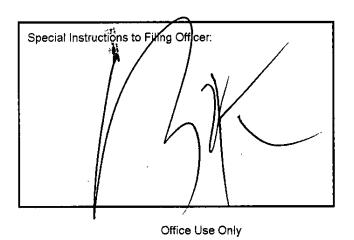
## MU5000003866

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					



Certified Copies \_\_\_\_\_ Certificates of Status \_



400105285414

RECEIVED

OT JUL 20 AH IO: 45

OVER THE COST OF THE PARTY OF THE PARTY





ACCOUNT NO. : 072100000032 REFERENCE AUTHORIZATION ( COST LIMIT : ORDER DATE: May 11, 2007 ORDER TIME : 9:34 AM ORDER NO. : 894288-260 CUSTOMER NO: 7490297 CHANGE OF AGENT NAME: CREEKSTONE RESIDENTIAL, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX PLAIN STAMPED COPY CONTACT PERSON: Amanda Roath

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 limite	ed liability company i	is: CREEKST	ONE RESIDENTIAL,	LLC .
2. The mailing address o	f the limited liability	company is:		
4545 Post Oak Place, Suite 20	0, Houston, TX 77027			··································
July 11, 2005			M05000003816	
3. Date of filing/registration in Florida		4. Document number		
5. The name of the register Florida Department of	ered agent and the reg	gistered office	e address as shown	on the records of the
1 Tortua Department of		Corporation Sys	stem	•
		Name		<b>-</b>
	459			
Address Plantation, FL 33324				
		y, State and Z		一般。
6. The name and address	of the new registered	agent and/or	office:	TALLAHASSEE, FLOR
	Corporat	tion Service Cor	npany	
		Name		10 P. 10
	<del></del>	01 Hays Street	NOT	<u> </u>
	Florida street addre	ess (P.O. Box	NOT acceptable)	<b>y</b>
	Tallahassee	FL	32301	
	City,	, State and Zij	p	
If the limited liability con confirmed that after the cl and the business office of liability company, it is her of the members of the lin or the operating agreement (Signature of a member or author)	nange or changes are the registered agent to reby confirmed that the limited liability companits of the limited liabil	made, the Flowill be idention the change(s) may or as other ity company.	orida street address cal. Or, in the case was/were authorize wise provided in the	of the registered office of a Florida limited ed by an affirmative vote
M	•			
Maureen Cullen, Attorney In I (Printed or typed name of signee)				
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm (Signature of Registered Agent)	d accept the obligation his document is being that the fimited liabile of the control of the con	ons of my pos g filed to mer lity company	ition as registered ely reflect a chang has been notified i	apacity. I further agree to erformance of my duties, agent as provided for in e in the registered office n writing of this change.

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