## M05000004028

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ACCOUNT NO. : '072100000032 THE PHIST REFERENCE : 144802 7417111 AUTHORIZATION, ORDER DATE: May 31, 2006 ORDER TIME : 12:34 PM ORDER NO. : 144802-185 CUSTOMER NO: 7417111 CHANGE OF AGENT NAME: GEMINI TAMIAMI 13; 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 limite	d liability company is	s: GEMINI T	AMIAMI 13, LLC	•	
2. The mailing address of	the limited liability	company is:			
16740 Birkdale Commons Pky	wy., Suite 301, Huntersvi	lle, NC 28078			
07/21/2005			M05000004028		
3. Date of filing/registration	on in Florida		4. Document nu	mber	
5. The name of the register Florida Department of S		sistered office	e address as shown	on the records of the	
		p H. Ward, III,	Esq.		
Name					
4420 Beacon Circle					
Address					
West Palm Beach, FL 33407					
City, State and Zip					
Name  4420 Beacon Circle  Address  West Palm Beach, FL 33407  City, State and Zip  6. The name and address of the new registered agent and/or office:  Corporation Service Company  Name					
Corporation Service Company					
Name 1201 Hays Street					
Florida street address (P.O. Box NOT acceptable)					
Plotida siteet address (1.0. Box 1401 acceptable)					
	Tallahassee	FL	32301	•	
	City,	State and Zi	p		
If the limited liability come confirmed that after the cland the business office of liability company, it is her of the members of the limited or the operating agreement (Signature of a member or author)	nange or changes are the registered agent verby confirmed that that the nited liability companit of the limited liability.	made, the Flowill be identing the change(s) by 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	
Dante Massaro, Vice Presiden	t				
(Printed or typed name of signee)			•		
I hereby accept the appoint the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered s of all statutes relati d accept the obligation his document is being that the limited liabi	agent and agive to the pro ive to the pro ons of my pos of filed to men lity company	gree to act in this co per and complete p ition as registered ely reflect a chang has been notified i	apacity. I further agree to performance of my duties, agent as provided for in e in the registered office in writing of this change.	
(Signature of Rigistered Agent)	Jacqueline M. Giles, AVP	<u> </u>			

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