M0500000 4031

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FOREIARY OF STATE



ACCOUNT NO. : 072100000032

REFERENCE : 144802

7417111

AUTHORIZATION C

COST LIMIT

ORDER DATE : May 31, 2006

ORDER TIME : 12:36 PM

ORDER NO. : 144802-195

CUSTOMER NO: 7417111

CHANGE OF AGENT

NAME: GEMINI TAMIAMI 15, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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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	d liability company i	s: GEMINI	FAMIAMI 15, LLC		
2. The mailing address of	the limited liability	company is	:		
16740 Birkdale Commons Pky	-		•		
		,		•	
			M05000004031		
3. Date of filing/registrati	on in Florida		4. Document nur	nber	
5. The name of the registe Florida Department of S		gistered offic	ce address as shown		
	Philip H. Ward, III, Esq. Name 4420 Beacon Circle Address West Palm Beach, FL 33407				
Name FG T					
Name 4420 Beacon Circle Address West Palm Beach, FL 33407 City, State and Zip					
Address					
West Palm Beach, FL 33407 City, State and Zip					
< m 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•	•	•	FIS	
6. The name and address of	of the new registered	agent and/o	r office:	M 8: 45 SEE FLORID	
	Corporat	tion Service C	ompany		
Name					
1201 Hays Street					
	Florida street addre	ess (P.O. Bo	x NOT acceptable)		
	Tallahassee	FL	32301		
	City,	State and Z	ip		
If the limited liability comconfirmed that after the chand the business office of liability company, it is her of the members of the limited or the operating agreement (Signature of a member or authority)	tange or changes are the registered agent to be confirmed that the little liability compart of the limited liabil	made, the F will be iden he change(s ny or as othe ity compan	lorida street address tical. Or, in the case) was/were authorize rwise provided in th	of the registered office of a Florida limited ed by an affirmative vote	
Donto Marcono, Vice Brasident					
Dante Massaro, Vice President (Printed or typed name of signee)			-		
I hereby accept the appoing the comply with the provision and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered s of all statutes relative accept the obligation is being that the limited liabi	agent and a ive to the pr ons of my po g filed to me lity compan	igree to act in this co oper and complete p sition as registered irely reflect a change y has been notified in	spacity. I further agree to erformance of my duties, agent as provided for in e in the registered office n writing of this change.	
(Signature of Registered Agent)	acqueline M. Giles, AVF	,			

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