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ACCOUNT NO. : 072100000032

REFERENCE : 144802

AUTHORIZATION

COST LIMIT

ORDER DATE: May 31, 2006

ORDER TIME : 12:41 PM

ORDER NO. : 144802-200

CUSTOMER NO: 7417111

CHANGE OF AGENT

NAME: GEMINI TAMIAMI 16, 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 limited liability company i	is: GEMINI T	CAMIAMI 16, LLC		
2. The mailing address of the limited liability	company is:			
16740 Birkdale Commons Pkwy., Suite 301, Huntersvi	ille, NC 28078			
		1405000004020		
07/21/2005	M05000004032			
3. Date of filing/registration in Florida		4. Document nui	nber	
5. The name of the registered agent and the reg Florida Department of State:	gistered offic	e address as shown	on the records of the	
Phili Phili	ip H. Ward, III,	Esq.	_	
	Name			
4420 Beacon Circle				
Address				
	Address West Palm Beach, FL 33407 City, State and Zip and address of the new registered agent and/or office:			
Cit	y, State and A	Zip	芸工厂	
6. The name and address of the new registered	agent and/or	r office:	M 8: 45	
Corporation Service Company				
Name SE :				
	201 Hays Street		Dri o	
Florida street addre	ess (P.O. Box	NOT acceptable)	•	
Tallahassee	FL	32301		
City	, State and Zi	ip		
If the limited liability company is not organize confirmed that after the change or changes are and the business office of the registered agent liability company, it is hereby confirmed that to of the members of the limited liability compar or the operating agreement of the limited liabil (Signature of a member or authorized representative of a member	made, the Fl will be ident the change(s) ny or as other lity company	lorida street address ical. Or, in the case was/were authorize rwise provided in th	of the registered office of a Florida limited ed by an affirmative vote	
Dente Massare, Vice President				
Dante Massaro, Vice President (Printed or typed name of signee)		_		
I hereby accept the appointment as registered comply with the provisions of all statutes relat and I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is bein address, I hereby confirm that the limited liable	agent and a ive to the proof ons of my poor g filed to me litty company	gree to act in this copper and complete p sition as registered rely reflect a chango 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.	
(Signature of registered Agent) Jacqueline M. Giles, AVI	<u>) </u>			

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