MO5000004034

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(Cit	ty/State/Zip/Phone	e #)		
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ACCOUNT NO. : 072100000032

REFERENCE : 144802

7417111

AUTHORIZATION (

COST LIMIT : U \$

TILED SECRETASSEE FL

ORDER DATE: May 31, 2006

ORDER TIME : 12:48 PM

ORDER NO. : 144802-210

CUSTOMER NO: 7417111

CHANGE OF AGENT

NAME: GEMINI TAMIAMI 18, 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	ed liability company i	is: GEMINI T	AMIAMI 18, LLC		·
2. The mailing address o	f the limited liability	company is:			
16740 Birkdale Commons Pk	wy., Suite 301, Huntersv	ille, NC 28078	,		
07/21/2005			M05000004034		
3. Date of filing/registration in Florida			4. Document number		
5. The name of the register Florida Department of		gistered office	address as shown o	n the records of th	ıe
• • • • • • • • • • • • • • • • • • •		ip H. Ward, III, l	Esq.		
		Name	_		
	44	120 Beacon Circ	le	- 3	
		Address		AEG B	-77
		Palm Beach, FL		2006 JUN -6 SECRETAR) TALLAHASS	NAME OF THE OWNER, OWNE
		y, State and Z	•	1	
6. The name and address	of the new registered	l agent and/or	office:	SEE A	TEMO
	Corpora	tion Service Cor	npany	AH 8: 45 RY OF STATE SEE. FLORID	O
		Name			
		201 Hays Street	**************************************	DE S	
	Florida street addre	ess (P.O. Box	NOT acceptable)		
	Tallahassee	FL	32301		
	City	, State and Zij	p		
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the lir or the operating agreement.	hange or changes are fithe registered agent creby confirmed that the nited liability compant of the limited liability.	made, the Flowill be idention the change(s) my or as other lity company.	orida street address of cal. Or, in the case of was/were authorized wise provided in the	of the registered of of a Florida limited I by an affirmative	ffice d vote
(Signature of a member or author	rized representative of a mer	mber)			
Dante Massaro, Vice Presider	ıt				
(Printed or typed name of signee))		•		
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as registered is of all statutes related accept the obligation this document is being that the limited liable of the control of the limited liable of the liable	l agent and ag tive to the pro ons of my pos g filed to mer lity company	ree to act in this cap per and complete pe ition as registered a ely reflect a change has been notified in	pacity. I further a rformance of my a gent as provided f in the registered o writing of this cha	gree to luties, or in office ange.
(Signature of Registered Agent)	- VV. Levely	<u> </u>			

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