M05000005729

(Re	equestor's Name)				
(Ac	ldress)				
(Ac	ldress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				
	0#111 0				
	Office Use Onl	у			



400074748164



106 MAY 23 AH-9: 26



ACCOUNT NO. : 072100000032

REFERENCE: 127726 4322606

AUTHORIZATION :

COST LIMIT :

ORDER DATE: May 23, 2006

ORDER TIME : 3:29 PM

ORDER NO. : 127726-010

CUSTOMER NO: 4322606

CHANGE OF AGENT

NAME: CH NAPLES II, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
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	l liability company is:	CH Naples II, I	LC	
2. The mailing address of	the limited liability cor	npany is :		
Crescent VI, 8400 E. Crescent	Parkway, Suite 475, Greenv	wood Village, C	O 80111	
October 12, 2005		M05000005729		
3. Date of filing/registration	on in Florida	4	. Document num	ber
5. The name of the register Florida Department of S		ered office ad	dress as shown o	n the records of the
_	Corporation	Service Compa	ıny	
		Name		72
_	1201	Hays Street		女の景
	A	Address		
	Tallahas	see, FL 32301		是
·	City, S	tate and Zip	······································	型で
6. The name and address of	f the new registered age	ent and/or off	íce:	2006 HAY 23 AM 9: 20 2006 HAY 23 AM 9: 20 TALLAHASSEE, FLORID TALLAHASSEE, FLORID
	Sa	m Hines		
_	N	ame		بي المرات
	* *	Ave, Suite 110		
_	Florida street address	(P.O. Box NO	T acceptable)	ibr.
	Winter Park	FL	32792	
-	City, Sta	ate and Zip		
If the limited liability compconfirmed that after the cha and the business office of diability company, it is here of the members of the limit or the operating agreement	inge or changes are ma he registered agent will by confirmed that the of ted liability company of of the limited liability	de, the Florid l be identical. change(s) was ir as otherwise company.	a street address o Or, in the case o were authorized	of the registered office of a Florida limited by an affirmative vote
Michael McNamara, Chief Fina (Printed or typed name of signee)			-	
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, If the address, I hereby confirm to	Iment as registered age of all statutes relative accept the obligations is document is being fill the limited liability	ent and agree to the proper of my position ed to merely company has	to act in this cap and complete per as registered as reflect a change i been notifled in	acity. I further agree to formance of my duties, gent as provided for in n the registered office writing of this change.
(Simpapers of Regimered Agent)	•			
Division	of Corporations, P.O FILING	. Box 6327, T FEE: \$25.00		32314

INHS18 (8/05)