Division of Corporations Public Access System

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1 (850)878-5926

REGISTERED AGENT CHANGE

CME AT SAWGRASS, LLC

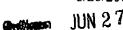
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6/26/2008 JUN 272008



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. Name of the limited liability company	y: CME at Sawgrass, LLC	
2. (a) Principal office address of limited (Note: MUST BE STREET AD	liability company: 200 Westerne Drive	
	NI de la	<u>-</u>
(b) Mailing address of limited liability (Note: MAY BE POST OFFIC	ry company: P.O. Box 160 E BOX) Pinjurst, NC 28370	5
November 14, 2005	M05000006362	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered	Office shown on the records of the Florida Dept. of State:	_
Registered Agent:	John Krikorien	15
Registered Office Address:	Office shown on the records of the Florida Dept. of State: John Krikorian 110 TPC Blvd. Ponce Vedro, FL 32082)
•		•
- 	Agent and/or NEW Registered Office address:	٠٠٠
NEW Registered Agent;	CT Corporation System	07
<u>NEW</u> Registered Office Address: <u>(MUST BE FLORIDA STREET</u>	ADDRESS)	
	Plantation 5,FL 33324	
that after the change or changes are made office of the registered agent will be identhereby confirmed that the change(s) was/liability company or as otherwise provide limited fability company.	anized under the laws of the State of Florida, it is hereby confirmed, the Florida street address of the registered office and the business iteal. Or, in the case of a Florida limited liability company, it is were authorized by an affirmative vote of the members of the limited d in the articles of organization or the operating agreement of the	
Signature of a member or authorized representative of	_ AA P71 64 U 6	
	sidento+ member	
(Printed or typed name of signes)	adie master Enter prises that	
interest accept the appointment as registionally with the provisions of all statutes in Jamiliar with and accept the obligation. S. Or, if this document is being filed to confirm that the limited liability company of CT Capporation System By: (1) (1) 100	ered agent and agree to act in this capacity. I further agree to relative to the proper and complete performance of my duties, and I ms of my position as registered agent as provided for in Chapter 608, merely reflect a change in the registered office address, I hereby has been notified in writing of this change. Bethera A. Burko	
	Phedial Wasiemur Carciners	
Division of Corpora	ations, P.O. Box 6327, Tallahassee, FL 32314	

FILING FEE: \$25,00

INH\$18 (05/08)