## n05000006374

| (Re                     | equestor's Name)       |  |  |  |  |
|-------------------------|------------------------|--|--|--|--|
| (Ac                     | ddress)                |  |  |  |  |
| (Ad                     | ddress)                |  |  |  |  |
| (Ci                     | ity/State/Zip/Phone #) |  |  |  |  |
| PICK-UP                 | WAIT MAIL              |  |  |  |  |
| (Business Entity Name)  |                        |  |  |  |  |
| (Do                     | ocument Number)        |  |  |  |  |
| Certified Copies        | Certificates of Status |  |  |  |  |
| Special Instructions to | Filing Officer:        |  |  |  |  |

Office Use Only



000075718470



2006 JUN -5 AM 9: 20



| N SERVICE COMPANY                 |                                      |      |           |         |                |  |  |
|-----------------------------------|--------------------------------------|------|-----------|---------|----------------|--|--|
|                                   | ACCOUNT NO.                          | :    | 07210000  | 0032    |                |  |  |
|                                   | REFERENCE                            | :    | 144802    | 7417111 | _              |  |  |
|                                   | AUTHORIZATION                        | :    |           | Co      | Description of |  |  |
|                                   | COST LIMIT                           | :    | \$ 25,00  | eceman  | 是是             |  |  |
| ORDER TIME :                      | May 31, 2006<br>:59 PM<br>144802-005 |      |           | (       | RY OF STATE    |  |  |
| CUSTOMER NO:                      |                                      |      | •         |         |                |  |  |
|                                   |                                      |      |           |         |                |  |  |
| CHANGE OF AGENT                   |                                      |      |           |         |                |  |  |
| NAME: GEMINI BOYNTON BEACH 1, LLC |                                      |      |           |         |                |  |  |
| PLEASE RETURN                     | THE FOLLOWING AS                     | PR   | OOF OF FI | LING:   |                |  |  |
| CERTIF                            | IED COPY<br>STAMPED COPY             |      |           |         |                |  |  |
| CONTACT PERSON                    |                                      | (AMI | NER'S INI | TIALS:  |                |  |  |

## 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  | is: GEMINI BO   | YNTON BEACH I,   | LLC.  |
|--|--|---|--|---|
| 2. The mailing address of  | the limited liability  | company is : _  |  |   |
| 16740 Birkdale Commons Pkv   | vy., Suite 301, Huntersvi  | ille, NC 28078  |  |   |
| 11/17/2005   |  |   | M05000006374   |   |
| 3. Date of filing/registration   | on in Florida  |   | 4. Document nu   | mber  |
| 5. The name of the registe Florida Department of S   |  | gistered office   | address as shown   | on the records of the   |
| ·  | Register   | ed Agent Solution   | is, Inc.   |   |
|  |  | Name  |  |   |
|  | 133  | 33 N. Duval Stree   | t  |   |
|  |  | Address   |  | 英星  |
| Tallahassee, FL 32303  |  |   |  |   |
|  | Cit  | y, State and Zi   | p  | 92 8  |
| 6. The name and address of   | of the new registered  | agent and/or o  | office:  | 500   |
|  | Corpora  | tion Service Com  | pany   | _   |
|  | 12   | Name<br>01 Hays Street  |  |   |
| •  | Florida street addre   | ess (P.O. Box I   | NOT acceptable)  |   |
|  | Tallahassee  | FL  | 32301  |   |
|  | City,  | , State and Zip   |  |   |
| If the limited liability com confirmed that after the ch and the business office of liability company, it is her of the members of the lim or the operating agreemen (Signature of a member or authorized) | ange or changes are the registered agent eby confirmed that t ited liability compart of the limited liabil                   | made, the Flor<br>will be identicated the change(s) want or as otherwall<br>lity company. | rida street address<br>al. Or, in the case<br>as/were authoriz   | s of the registered office<br>e of a Florida limited<br>ed by an affirmative vote   |
| Dante Massaro, Vice President  |  | •   |  |   |
| (Printed or typed name of signee)  | · · · · · · · · · · · · · · · · · · ·  |   |  |   |
| (Signature State Live  | ntment as registered<br>s of all statutes relat<br>l accept the obligation<br>his document is bein<br>that the limited liabi | <u>7</u>  | ee to act in this c<br>er and complete i<br>ion as registered<br>ly reflect a chang<br>ias been notified | apacity. I further agree to<br>performance of my duties,<br>agent as provided for in<br>the registered office<br>in writing of this change. |

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