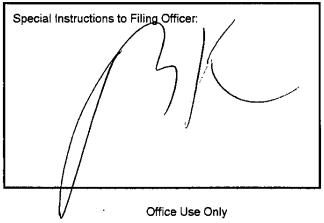
MU5000006378

(Red	questor's Name)	
(Add	dress)	
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PICK-UP	□ WAIT	MAIL
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Certified Copies	Certificates of	of Status
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Special Instructions to F	Filing Officer:	/





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ACCOUNT NO. : 07210000032
REFERENCE : 144802 7417111
AUTHORIZATION Spellelenan
COST LIMIT : 25.00
<pre></pre>
ORDER DATE: May 31, 2006
ORDER TIME : :59 PM
ORDER NO. : 144802-055
CUSTOMER NO: 7417111
CHANGE OF AGENT
NAME: GEMINI BOYNTON BEACH 5, 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 liability com	pany is: G	EMINI BOYN	TON BEACH 5, L	LC	
2. The mailing address of the limited lia	bility comp	oany is :			
16740 Birkdale Commons Pkwy., Suite 301, H	untersville, N	C 28078			
11/17/2005			105000006378		
3. Date of filing/registration in Florida		4. Document number			
5. The name of the registered agent and Florida Department of State:	the register	ed office add	dress as shown c	on the records of the	
	Registered Age	ent Solutions, I	Inc.		
	N	ame			
1333 N. Duval Street					
Address Tallahassee, FL 32303					
	City, Sta	ate and Zip		到于一	
6. The name and address of the new region	stered agen	ıt and/or offi	ce:	SSET ARY	
Corporation Service Company					
· · · · · · · · · · · · · · · · · · ·	Na: 1201 Ha	me iys Street		3: 20 STATE LORN	
Florida stree		-	T acceptable)	37	
Tallahas	see F	FL	32301		
	City, Stat	e and Zip			
If the limited liability company is not or confirmed that after the change or change and the business office of the registered liability company, it is hereby confirmed of the members of the limited liability or the operating agreement of the limited (Signature of a member or authorized representative	ges are made agent will be that the change company or deliability co	e, the Florida be identical. nange(s) was	a street address of Or, in the case of were authorized	of the registered office of a Florida limited d by an affirmative vote	
Dante Massaro, Vice President					
(Printed or typed name of signee)					
I hereby accept the appointment as regionally with the provisions of all statute and I am familiar with and accept the old Chapter 608, F.S. Or, if this document is address, I hereby confirm that the limite	stered ager s relative to bligations o is being file d liability o	nt and agree the proper f my position d to merely i company has	to act in this ca and complete pe n as registered a reflect a change been notified in	pacity. I further agree to irformance of my duties, igent as provided for in in the registered office writing of this change.	
(Signature of Registered Agent) Jacqueline M. Gil	CMJU es, AVP	۵			

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