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ACCOUNT NO. : 07210000032

REFERENCE: 144802 7417111

AUTHORIZATION :

COST LIMIT : \$ 25

ORDER DATE: May 31, 2006

ORDER TIME : :59 PM

ORDER NO. : 144802-025

CUSTOMER NO: 7417111

CHANGE OF AGENT

NAME: GEMINI BOYNTON BEACH 14, 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 limite	d liability company is	GEMINI BOY	NTON BEACH 14,	, LLC	
2. The mailing address of	the limited liability c	company is:			
16740 Birkdale Commons Pky	wy., Suite 301, Huntersvil	le, NC 28078			
12/30/2005			M06000000006		
3. Date of filing/registration in Florida		4	4. Document number		
5. The name of the registe Florida Department of S		istered office ac	ddress as shown	on the records of the	
	Registere	d Agent Solutions	, Inc.		
Name			TAECO T		
1333 N. Duval Street					
Address PR 9				圣 星	
Tallahassee, FL 32303			PS -5		
	City	, State and Zip		CD' / NOW NOW N	
6. The name and address of	of the new registered a	agent and/or of	fice:	AH 9: 20 EE, FLORID	
	Corporati	ion Service Compa	any	음을 28 18 28	
		Name		P	
		1 Hays Street			
	Florida street addres	ss (P.O. Box N	OT acceptable)		
	Tallahassee	FL	32301		
	City,	State and Zip			
If the limited liability come confirmed that after the chand the business office of liability company, it is her of the members of the limited or the operating agreement (Signature of a member or authority)	nange or changes are a the registered agent we reby confirmed that the liability company to fit the limited liability. Mayo	made, the Floricall be identical to change(s) way or as otherwisty company.	da street address Or, in the case	of the registered office of a Florida limited ed by an affirmative vote	
Dante Massaro, Vice President (Printed or typed name of signee)					
•		agent and agre ve to the prope ns of my positic filed to merely ity company ha	e to act in this cor r and complete p on as registered or reflect a change is been notified in	apacity. I further agree to erformance of my duties, agent as provided for in e in the registered office n writing of this change.	

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

of Registered Agent) Jacqueline M. Giles, AVP