## M06000000126

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ACCOUNT NO. : 072100000032

REFERENCE : 147802

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE: May 31, 2006

ORDER TIME : :59 PM

ORDER NO. : 144802-035

CUSTOMER NO: 7417111

## CHANGE OF AGENT

NAME: GEMINI BOYNTON BEACH 16, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
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 i	s: GEMINI B	OYNTON BEACH 16	i, LLC	
2. The mailing address of	the limited liability	company is:			
16740 Birkdale Commons Pky	wy., Suite 301, Huntersvi	lle, NC 28078			
01/09/2006			M06000000126		
3. Date of filing/registrati	on in Florida		4. Document nu	mber	
5. The name of the registe Florida Department of S		sistered office	address as shown	on the records of the	
		ed Agent Solution	ons, Inc.	_	
		Name		-	
1333 N. Duval Street					
Address $\exists \subseteq$					
Tallahassee, FL 32303  City, State and Zip					
	•		•	TALLAHASS	
6. The name and address of	of the new registered	agent and/or	office:	SSR	
	Corporat	tion Service Cor	npany	M 9: 20 EE.FLORIO	
		Name		5.00	
		01 Hays Street		器 20	
	Florida street addre	ess (P.O. Box	NOT acceptable)	7	
	Tallahassee	FL	32301		
	City,	State and Zip	o o		
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 with the company of the limited of the operating agreement of the operation of the op	nange or changes are the registered agent reby confirmed that that the limited liability compart of the limited liabil	made, the Flowill be idention the change(s) by or as other ity company.	orida street address cal. Or, in the case was/were authorize	s of the registered office e of a Florida limited ed by an affirmative vote	
Dante Massaro, Vice President	•				
(Printed or typed name of signee)	<del></del>				
comply with the provision and I am familiar with and Chapter 608, F.S. Or, if t. address, I hereby confirm	s of all statutes related accept the obligation is document is being that the limited liabi	ive to the proposes of my posing filed to mer lity company	ree to act in this coper and complete pition as registered ely reflect a chang has been notified i	apacity. I further agree to performance of my duties, agent as provided for in e in the registered office in writing of this change.	
(Signature of Registered Agent)	acqueline M. Giles, AVI	)			

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