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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
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(Business Entity Name)				
(Document Number)				
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COVER LETTER

City/State and Zip Code) For further information concerning this mat Rani Keswani (Name of Person) STREET/COURIER ADDRESS: Registration Section Division of Corporations	at (<u>_</u> 302 M R	ll: 644-6257 (Area Code & Daytim AILING ADDRESS: egistration Section ivision of Corporations	ne Telephone Nu	amber)
(City/State and Zip Code) For further information concerning this mat Rani Keswani (Name of Person)	at (<u>_302</u>) 644-6257 (Area Code & Daytim	ne Telephone Nu	ımber)
(City/State and Zip Code) For further information concerning this mat Rani Keswani				
(City/State and Zip Code)	ter, please ca	11 :		
Lewes, DE 19958				
(Address)				
16192 Coastal Highway			Din W	
(Firm/Company)			TATE ORIE	
Harvard Business Services, Inc.			2007-SUN-U P 1: 03 SECRETARY OF STATE ALLAHASSEE, FLORIDA	
(Name of Person)			TAF TAS	
Rani Keswani			ZMITSV SECRE	7
Please return all correspondence concerning	this matter t	o the following:		
The enclosed Registered Agent/Registered (Office Chang	e and fee(s) are submitt	ted for filing.	
Dear Sir or Madam:				
D 6' M 1				
		ility Company)		
SUBJECT: Gemini Orlando Inn 5, LLC	;			

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 company is: Gemi	ni Orlando Inn 5, LLC			
2. The mailing address of the limited liability compan	y is : 16740 BIRKDALE COMMONS PARKWAY,			
SUITE 301, HUNTERSVILLE, NC 28078				
04/7/2006	M0600002000			
3. Date of filing/registration in Florida	4. Document number			
5. The name of the registered agent and the registered agent age	office address as shown on the records of the			
UCC FILING & SEARCH	SERVICES, INC.			
Nam				
1574 VILLAGE SQUARE BLVD., SUITE 100				
Address				
TALLAHASSEE FL 32309				
City, State	and Zip			
6. The name and address of the new registered agent ar	nd/or office:			
NRAI Services, Inc. Name 2731 Executive Park Drive, Suite 4				
Name	Suite 4			
2731 Executive Park Drive, Suite 4				
Florida street address (P.O. Box NOT acceptable)				
Weston, FL	33331			
City, State ar				
If the limited liebility commons is not encourised under	·			

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

David Clinton III, Authorized Representative (Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

KSt See- NRAI

(Signature of Registered Agent)