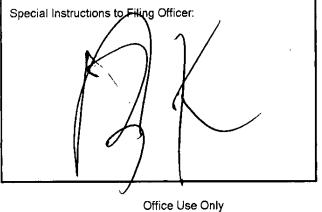
M060000003506

(Requestor's Name)	
(Address)	
. (7.001050)	
(Address)	
(Cit. (Chata /7 in /Dhana 40	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Dueiness Fuhit, Messe)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Considerations to Filing Officer	
Special Instructions to Filing Officer:	
/ 1 1 /	





900105285389

RECEIVED MID: 46





ACCOUNT NO. : 072100000032

REFERENCE

7490297

AUTHORIZATION

COST LIMIT

ORDER DATE: May 11, 2007

ORDER TIME : 9:37 AM

ORDER NO. : 894288-275

CUSTOMER NO: 7490297

CHANGE OF AGENT

NAME:

CREEKSTONE TAMIAMI WEST

HOLDINGS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Roath

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 company is	: CREEKSTONE TAMIAMI WEST HOLDINGS, LLC .	
2. The mailing address of the limited liability of	ompany is:	
4545 Post Oak Place, Suite 200, Houston, TX 77027		
	· · · · · · · · · · · · · · · · · · ·	
June 22, 2006	M06000003506 255	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registered agent age	stered office address as shown on the records of the	
C T Corporation System		
Name		
1200 South Pine Island Road		
Address		
Plantation, FL 33324		
City, State and Zip		
6. The name and address of the new registered a	gent and/or office:	
Corporation	on Service Company	
Name 1201 Hays Street		
Florida street address (P.O. Box NOT acceptable)		
T TOTAL STEW BELLEVE	o (1.10. Box 1.10 1 acceptable)	
Tallahassee	FL 32301	
City, S	State and Zip	
confirmed that after the change or changes are n and the business office of the registered agent w liability company, it is hereby confirmed that the		
Maureen Cullen, Attorney In Fact		
(Printed or typed name of signee)		
I hereby accept the appointment as registered a comply with the provisions of all statutes relative and I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liability of the confirmation of the confirmat	igent and agree to act in this capacity. I further agree to e to the proper and complete performance of my duties, as of my position as registered agent as provided for in filed to merely reflect a change in the registered office ty company has been notified in writing of this change.	
(Signature of Registered Agent) Michelle R. Vannoy, Asst. Vice President		
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00		

INHS18 (8/05)