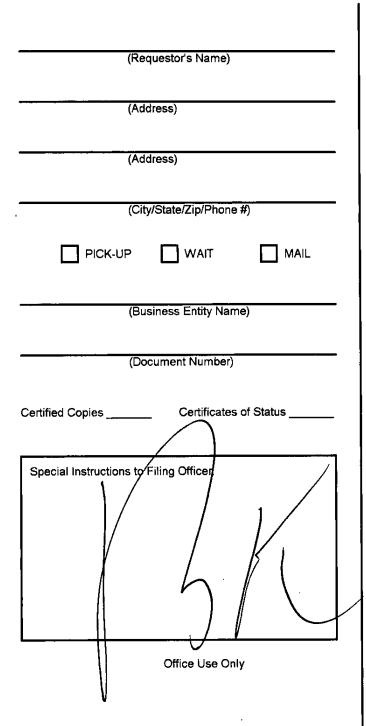
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ACCOUNT NO. : 072100000032 REFERENCE: 289969 7614692 AUTHORIZATION : COST LIMIT : \$ PPD ORDER DATE: October 25, 2007 ORDER TIME : 3:55 PM ORDER NO. : 289969-005 CUSTOMER NO: 7614692 CHANGE OF AGENT NAME: LONG BOAT KEY VIRGINIA, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY
XX PLAIN STAMPED COPY CONTACT PERSON: Susie Knight 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: LONG BOAT KEY VIRGINIA, LLC				
2. The mailing address of the limited liability company is: 215 Wayles Lane,				
Suite 125 (Charlottes vi	Ue VA	229/1	
Lune 23.	2006	,	M01000	0000 3575
3. Date of filing/registration	on in Florida		4. Document no	
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:				
	DEYOUNG,	ALISAND Name	RA ESO	
	1509 WEST SWA		SUITE 240-A	1 1 1 S 1 O 1
	TAMI	PA FL 3360 State and Zir	06	- FECRE OF T
6. The name and address of the new registered agent and/or office:				
	Corporation		ompany	O SECTION OF THE PERSON OF THE
		Name Hays Street		92 33 33
Florida street address (P.O. Box NOT acceptable)				
_	Tallahassee	FL	32301	
	City, S	tate and Zip	•	
If the limited liability com confirmed that after the ch and the business office of liability company, it is her of the members of the lim or the operating agreement	ange or changes are mather registered agent with the confirmed that the ited liability company	ade, the Flor ll be identica change(s) w or as otherw	ida street addres il. Or, in the cas as/were authoriz	s of the registered office e of a Florida limited zed by an affirmative vote
(Signature of a member or authorize	red representative of a membe	er)		
Frank D. Cox, Jr. (Printed or typed name of signee)	, Member		·	
	ntment as registered as of all statutes relative accept the obligation is document is being fithat the limited liability	gent and agree to the prope s of my positi iled to merel y company hi	ee to act in this or er and complete ion as registered y reflect a chang as been notified	capacity. I further agree to performance of my duties, I agent as provided for in ge in the registered office in writing of this change.
(Signature of Registered Agent)	Sue G. i as its a			

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