Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 · Phone : (850)222-1092

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REGISTERED AGENT CHANGE

PALMETTO LAKE CITY OPERATING LLC

T. CLINE

Certificate of Status Certified Copy ũ Page Count 02 Estimated Charge

NOV - 5 2009EXAMINER

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Help

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.

Name of the limited liability company:	PALMETTO L	AKE CITY OPERA	TING LLC	2	
2. (a) Principal office address of limited liability company:		10800 BISCAYNE BLVD			
-[X]-(Note: MUST BE STREET ADDRESS)	STE 600 NORTH	MIAMI FL 3316)			
(b) Mailing address of limited liability company:					
(Note: MAY BE POST OFFICE BOX)				<u> </u>	,
09/28/2006		M0600000:	54 H Cg		
3. Date of filing/registration in Florida	4. Docum	ment number		AON S	
5. (a) Registered Agent and Registered Office shown	on the record	is of the Florida I	Dept. of S	Stale:	1. 10.00 1 Leave
Registered Agent:	GREENV	VALD, MICHAEL			
Registered Office Address:	STB 600	SCAYNE BLVD MIAMI FL 33161		=======================================	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>I</u> <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address:	C T Corporation System 1200 South Pine Island Road				
MEW Registered Office Address: [200 Sout					
		<u> </u>	FL <u>33324</u>		
If the limited liability company is not organized under to confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the chang of the imembers of the limited liability company or as of or the operating agreement of the limited liability company or as of the operating agreement of the limited liability company of a member or authorized representative of a member. Talk the requirement of typed name of signee	e Florida stre entical. Or, i e(s) was/were herwise prov any,	et address of the in the case of a Fi e authorized by a lided in the article	registerer lorida lim n affirma es of orga	d office nited tive vo mizatio	efe on
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filled to address, I hereby confirm that the limited liability comp CT Corporation System (Collect (Collect)) Signuture of Registered Agent		et in this capacity. Complete performa Legistered agent a Legistered in the Legister of the motified Legister of the motified Legister of the motified of the motified Legister of the motified of the motifie	I furthe ance of n is provide registere ig of this	r agree ly dulie id for li id offici change	: 10 15, 11 12 13

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