Division of Corporations Public Access System

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REGISTERED AGENT CHANGE

D. BRUCE

PALMETTO JOLLEY ACRES OPERATING LLC

5 2009 NOV

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EXAMINER

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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. Name of the limited liability company:	PALMETTO JOI	LEY ACRES OPERA	TING LLC	
2. (a) Principal office address of limited liability company:		10800 BISCAYNE BLVD		
(Note: MUST BE STREET ADDRESS)	STE 600 NORTH	MIAMI FL 33161		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	-			_
09/28/2006		M0600000541	7	
3. Date of filing/registration in Florida	4. Docu	4. Document number		
5. (a) Registered Agent and Registered Office show	n on the record	ls of the Florida De	pt. of State:	
Registered Agent:	GREENV	VALD, MICHAEL	- 2 % 8-	
Registered Office Address:	STE 600	SCAYNE BLVD		<u>— 1</u>
	<u>NORTH I</u>	MAMI FL 33161	SSA	
(b) Enter name of NEW Registered Agent and/o	r <u>NEW Regist</u> e	red Office addres	- '1	П
NEW Registered Agent:	C T Corpo	oration System	200 818 818	_
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 Soul	h Pine Island Road	DE F	_
	Plantation	2	FL 33324	
If the limited liability company is not organized under confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the char of the members of the limited liability company or as or the operating agreement of the limited liability confirmed liability	the Florida stre identical. Or, i ige(s) was/were	et address of the reg in the case of a Flor a authorized by an a	gistered office ida limited affirmative vote	:
Jack Heiney.				
Printed or typed name of signee				,
I hereby accept the appointment as registered agent of comply with the provisions of all statutes relative to the and I am familiat with and accept the obligations of national am familiat with and accept the obligations of national familiates. Or, if this document is being filled the address, I hereby confirm that the limited liability con CT Composition Bystom LYCLLA ALYLLA	nnd agree to go te proper and c ty pasition as r o merely reflec tpany has been Batbara	t in this copacity. I omplete performant egistered agent as p t a change in the re notified in writing (A. Burke	further agree ce of my duties provided for in gistered office of this change.	to
Signature of Registered Agent	Special Assis	tant Secretary		

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

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