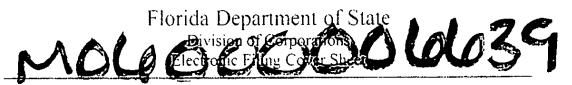


Division of Corporations



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Division of Corporations

Estimated Charge

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Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_ LLC REGISTERED AGENT CHANGE CLP VALENCIA GOLF, LLC Certificate of Status Certified Copy 1 02 Page Count

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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 605.0114 or 605.0116, 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.

. Na	ame of the limited liability company: CLP VALENCIA	GOLF, LLC	
(a)	No change	(b) _N	n change
•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)
	11/30/2006		6000006639
	Date of filing/registration in Florida	4.	Document number
(b)			
	Registered Agent and Registered Office shown on the records of 450 S. ORANGE AVENUE	the Florida Dep	nt. of State:
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
	ORLANDO , FL	32801	
	C T Corporation System		
	Enter name of NEW Registered Agent and/or NEW Registered	Office addres	2022 A115
	NEW Registered Office Address:		15 29 1 3311
	1200 South Pine Island Road		
	Plantation , FL	33324	# 8: 2
e cha gent v as/we	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of the organization or the operating agreement of the	f the registers ability comp of the limited limited liabi	ed office and the business office of the registers any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in ility company.
Ciuno	tup of a member or authorized representative of a member	JOE DA	VIS, MANAGER Printed or typed name of signee
herei rovisi ie obl meri otified	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change. C T Corporation System C T Corporation System of Registered Agent	ree to act in i performanc d for in Cha hereby confi	this capacity. I further garge to comply with th