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eration. Projection

| (Requestor's Name) | |
|---|--|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
| | |
| · | |
| | |

Office Use Only



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J. BRYAN

JAN 28 2008

EXAMINER

PARANET CORPORATION SERVICES, INC.

3761 Venture Drive, Suite 260 Duluth, Georgia 30096 770-497-9977 / 800-277-9977 Fax 770-813-0477 / fax 800-815-0477

TRANSMITTAL LETTER

January 18, 2008

RE: PBP Lake Susannah Condo Land, LLC

TO: Florida Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

RE: Maggie Ferdinand – maggie@paranetlegal.com
Paranet Job No. 08-01-0021

Please file/submit the following on behalf of the above:

- 1. Change of Agent Application for each of the above
- 2. Check No. <u>90271</u> Amount \$25.00

After filing return evidence by:

- 1. Fax (800) 277-9977
- 2. Mail in self address, stamped envelope

If you have any questions, please call me using our toll free number (800) 277-9977.

THANK YOU FOR YOUR EXCELLENT SERVICE®

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: | PBP LAKE SUSANNAH CONDO LAND, LLC |
|--|---|
| 2. The mailing address of the limited liability cor | npany is : |
| 4401 NORTHSIDE PKWY., SUITE 800, ATLANTA, G | GA 30327 |
| 7/24/2007 | M07000004376 |
| 3. Date of filing/registration in Florida | 4. Document number |
| 5. The name of the registered agent and the register Florida Department of State: | ered office address as shown on the records of the |
| CT Corporation System | |
| | Name |
| 1200 South Pine Island I | Road |
| A | Address S |
| Plantation, FL 33324 | State and Zin |
| City, State and Zip | |
| 6. The name and address of the new registered agent and/or office: | |
| | ORPORATION Iame // Suite 4 |
| NRAI Services, Inc. | |
| | ane of Section |
| 2731 Executive Park Driv | So South of the second of the |
| Florida street address | (P.O. Box NOT acceptable) |
| Weston | FL 33331 |
| City, St | ate and Zip |
| and the business office of the registered agent wil liability company, it is hereby confirmed that the | ade, the Florida street address of the registered office I be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote or as otherwise provided in the articles of organization company. |
| Sherry W. Cohen (Printed or typed name of signee) | |
| I hereby accept the appointment as registered ag comply with the provisions of all statutes relative and I am familiar with and accept the obligations Chapter 608, F.S. Or, if this document is being fix address, I hereby confirm that the limited liability NRAI Services. Improved the confirmation of Registered Agent) (Signature of Registered Agent) Maggie Ferdinand | ent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, of my position as registered agent as provided for in led to merely reflect a change in the registered office company has been notified in writing of this change. |
| Division of Corporations, P.O. | D. Box 6327, Tallahassee, FL 32314 |

FILING FEE: \$25.00