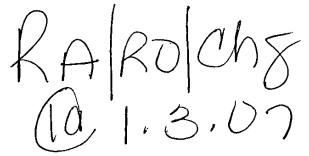
## N03000005025

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	₩AIT	MAIL.		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				







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12/27/06--01025--022 \*\*35.00



## **COVER LETTER**

TO: A	amendment Section Division of Corporations			
SUBJEC <sup>*</sup>	T: CEDAR CREEK RANCH ASSOCIATED (Name of Corp.)	ATION, INC.		
DOCUM	ENT NUMBER: N0300005025			
The enclo	osed Statement of Change of Registered Office/A	Agent and fee are submitted for filing.		
Please ret	turn all correspondence concerning this matter to	the following:		
	CHERYL BENI	)FR		
(Name of Contact Person)				
	CMC MANAGEMEN	NT INC		
CMC MANAGEMENT, INC. (Firm/Company)				
	2950 JOG ROA	AD.		
	(Addres	ss)		
	GREENACRRES, F			
	(City/State and	Zip Code)		
For furthe	er information concerning this matter, please call	l:		
	CHERYL BENDER	at (561 ) 641-1016 (Area Code & Daytime Telephone Number)		
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed i	is a \$35.00 check made payable to the Departme	ent of State.		
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute. ange is submitted for a corporation organized under the laws of the State of FLOR er to change its registered office or registered agent, or both, in the State of Florida.	IDA
	the corporation: CEDAR CREEK RANCH ASSOCIATION, INC.	•
	office address: 2950 JOG ROAD	
2. The principal	GREENACRES, FL 33467	
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 06/12/2003 Document number: N0300005025	5
	d street address of the current registered agent and registered office on file with the rtment of A	
	SCOT GERRISH	
	2994 JOG ROAD, SUITE B	
	GREENACRES, FL 33467	o
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	SECRET
	DICKER, KRIVOK & STOLOFF, P.A.	ENERGY PROPERTY OF THE PROPERT
	1818 AUSTRALIAN AVE. SOUTH, SUITE 400	PM P
	(P.O. Box NOT acceptable) WEST PALM BEACH, FL 33409	RATIO RATIO
		<b>8</b>
The street address changed will	ess of its registered office and the street address of the business office of its regis l be identical.	tered agent,
B:	as authorized by resolution duly adopted by its board of directors or by an office he board, or the corporation has been notified in writing of the change.	ANY MUSES
I hereby accept I further agree of my duties, an document is bet corporation has	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete and I am familiar with and accept the obligation of my position as registered agenting filed merely to reflect a change in the registered office address, I hereby cons s been norified in writing of this change.  (Date)	J performance nt. Or, if this firm that the
Edward (	chalf of an entity:  Of Ler of Dicker Krivel + Stoloff  Typed or Printed Name)	

\* \* \* FILING FEE: \$35.00 \* \* \*