

Public Access System

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To:

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023
Phone : (850)222-1092
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MAY -6 AN 10:21

## REGISTERED AGENT CHANGE

LIBERTY LANE DEVELOPMENT COMPANY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

04 MAY -5 AMII: 40

Please Keep 5/5/04 as file date. Thanks

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COMOTAIN FILINGS

Public Access Help

John .

5/5/04

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

Pursuant to the	provisions of sections 607.0	502, 617.0502, 607.1508, or	617.1308, Florida Statutes,
this statement o	f change is submitted for a co	poration organized under the	laws of the State of
Plorida	in order to change its	registered office or registered	d agent, or both, in the State
of Florida.	•		
1. The name of	the corporation: Liberty Lane I	levelopment Company, Inc.	
2. The oringinal	office address: 10045 S Feder	il Hwy, Port St. Lucie, FL 34952	
			, s
	11 (10 )(60 )		N_ - - - - 
3. The maning	address (if different):	<del></del>	1
**************************************			<u></u>
4. Date of incom	poration/qualification: 01/09/20	201 Document r	number. P01000003028
	d street address of the current runent of State:	registered agent and registere	d office on file with the
		Robert N. Klein	······
	1903 S.	. 25th Street, Suite 200	
	Por	t Picrce, FL 34947	
	nd street address of the new	registered agent (if changed)	and /or registered office (if
changed):	CT	Corporation System	
		l' Corporation System	
(P.O. Box or personal multion NOT secreptable)			4
		and Road, Plantation, Florida 3332	<del></del>
	ess of its registered office and od will be identical.		
Such change wanthorized by	as authorized by resolution du the board, or the corporation h	ily adopted by its board of di as been notified in writing of	rectors or by an officer so
(Signiture of an oblice	distribut or vice chestells of the bound	Stephen C. Farre	11. President
I hereby accept I further agree performance of registered ager office address, By:	the appointment as registere to comply with the provisions my duties, and I am familiar t. Or, if this document is best I hereby confirm that the corporation by	d agent and agree to act in the of all statutes relative to the with and accept the obligation filed merely to reflect a chooration has been notified in	his capacity, proper and complete on of my position as name in the registered writing of this change.
	ignature of Registered about	(Da	tc)
If signing on beha	fof an entity:		
	Typed or Printed Name)	(Cap	acity)

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

Make Checks payable to Florida Department of State and Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314