

PO1000059920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

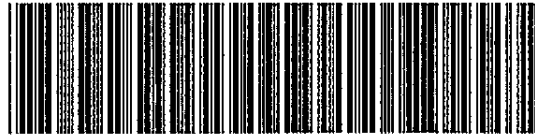
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TALLAHASSEE FLORIDA

SEP 19 2005

Handwritten signature/initials

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sarasota Development Corp.
(Name of corporation)

DOCUMENT NUMBER: P01000059920

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kristeen Perkins
(Name of contact person)

Perkins & Willman
(Firm/Company)

254 Miami Avenue West
(Address)

Venice, Florida 34285
(City/state and zip code)

For further information concerning this matter, please call:

Kristeen Perkins at (941) 485-7242
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 30, 2005

KRISTEEN PERKINS
254 MIAMI AVE W
VENICE, FL 34285

SUBJECT: SDC COMMUNITIES, INC.
Ref. Number: P01000059920

We have received your document for SDC COMMUNITIES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We can find no record of the entity named in your document. A computer printout of a similar named entity is enclosed for your review. If this is the right name, please correct your document and return it for filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy Smith
Document Specialist

Letter Number: 705A00054685

RECEIVED
05 SEP 15 AM 8:00
DIVISION OF CORPORATIONS

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SDC COMMUNITIES, INC.
2. The principal office address: 2718 Casey Key Road, Nokomis, Florida 34275
3. The mailing address (if different): P. O. Box 579, Osprey, Florida 34229
4. Date of incorporation/qualification: June 15, 2001 Document number: P01000059920
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Elizabeth P. Francis
101 East Kennedy Boulevard, Suite 2700
Tampa, Florida 33601


6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Kristeen Perkins
254 Miami Avenue West
(P.O. Box NOT acceptable)
Venice, Florida 34285

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TALLAHASSEE FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

 _____ Henry Rodriguez
(Signature of an officer or director) (Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

 _____ August 15, 2005
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

Kristeen Perkins
(Typed or Printed Name)

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