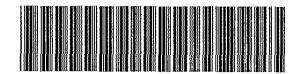
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(Requestor's Name)					
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PICK-UP	MAIT	MAIL			
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Certified Copies	Certificates	of Status			
Special Instructions to	Filing Officer				
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Office Use Only



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SECRETARY OF STATE
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R-A. Change DEC 1 6 2004



CT Corporation System 660 E. Jefferson St., Tallahassee, FL, 32301

850-222-1092

Grand Isle Club, Inc.			- Acceptance of the contract o
			· · · · · ·
			· · ·
() Profit	() Amendment	() Merger	
() Nonprofit			* * * * * * * * * * * * * * * * * * *
() Foreign	() Dissolution/Withdrawal	() Mark	
	() Reinstatement	() () ()	ration .
() Limited Partnership	() Annual Report	() Other Change of RA	
()LLC	() Name Registration () Fictitious Name	() UCC	
() Certified Copy	() Photocopies	() CUS	
() Commod Copy	() I notocopies	() 555	
() Call When Ready	() Call If Problem	() After 4:30	
(x) Walk In	() Will Wait	(x) Pick Up	
() Mail Out			
Name	12/14/2004	Order#: 6244755	
Availability		Ordera: OZ-41755	
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Verifier	The second of th	‡	
W.P. Verifier		Amount: C	

ATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions	of sections 607.0502, 617.0	0502, 607.1508, or 617.1508	, Florida Statutes,
this statement of change is s	ubmitted for a corporation o	organized under the laws of th	ne State of
Florida in ord	der to change its registered	office or registered agent, or	r both, in the State
of Florida.			
1. The name of the corporati	on: Grand Isle Club, Inc.		<u> </u>
2. The principal office addre	SS: 1110 Douglas Avenue, Suit	te 2040, Altamonte Springs, FL 32	1714 TAS CALLAR DE
3. The mailing address (if di	fferent): 700 NW 107 Avenue	, Suite 400, Miami. FL 33172	FILE C 15 PA
4. Date of incorporation/qua	lification: 05/03/2002	Document number: Po	02000049014 -
5. The name and street addre Florida Department of Sta		agent and registered office on	file with the
	Benjamin P. Butterf	field, Esq.	
	700 NW 107th Avenu	e, Suite 400	
	Miami, FL 33	172	eminimized () Parase to de 7 Vita (Media)
6. The name and street add changed):	ress of the new registered a	agent (if changed) and /or re	egistered office (if
<u>, , , , , , , , , , , , , , , , , , </u>	c/o C T Corporation	n System	nandan Militera (1919 - 191
***	(P.O. Box or personal mailbox)	-	
	1200 South Pine Island Road, Pla	antation, Florida 33324	
The street address of its regardent, as changed will be id	istered office and the street entical.	address of the business offic	e of its registered
Such change was authorized authorized by the board, or the board of th	. 1	by its board of directors or tified in writing of the change	. ~
I further agree to comply wi performance of my duties, a registered agentOr, if this	ment as registered agent and ith the provisions of all state and I am familiar with and a document is being filed me firm that the corporation ha	(Printed or typed name and title) d agree to act in this capacit utes relative to the proper an accept the obligation of my porely to reflect a change in the as been notified in writing of	id complete osition as e registered
(Signature of Regista	ered Agent)	j 2/13 0 + (Date)	
If signing on behalf of an entity:	CONNIE BRYAN SPECIAL ASSISTANT S		
(Typed or Printed N	ame)	(Capacity)	and the second s

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