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P05000018065

Florida Department of State
Division of Corporations
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To:
Division of Corporations
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From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

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DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

DIXIE COURT GP, INC.

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

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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: Dixie Court GP, Inc.
- 2 The principal office address: 437 SW 4 AVE., Fort Lauderdale, FL 33315
- 3 The mailing address (if different): _____
- 4 Date of incorporation/qualification: 02/03/2005 Document number: P05000018085
- 5 The name and street address of the current registered agent and registered office on file with the Florida Department of State:

PHILIP O GOOMBS, 801 NORTHWEST 10TH AVENUE FORT LAUDERDALE FL 33311

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

Tam A. English, 437 SW 4 AVE., Fort Lauderdale, FL 33315

(If O Box NOT acceptable)

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.

[Signature]
(Signature of an officer or director)

Tam A. English, Secretary
(Signature of the registered agent)

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.

[Signature]
(Signature of Registered Agent)

12/28/2006
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P O BOX 6327, TALLAHASSEE, FL 32314
CRJ6045 (8/05)

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