## L00000013042

(R€	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e#)
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D.Y.J.CH. OF CORPORATION

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SUITE 2200
201 N. FRANKLIN STREET (33602)
P.O. BOX 3324
TAMPA, FLORIDA 33601
YEL 813-273-5000
FAX 813-273-5145

WRITER'S DIRECT DIAL 813-273-5165

wer grayharris.com

May 29, 2003

e-MAIL ADDRESS mlmiller@grayharris.com

Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re: SpringTree, LLC

Document No. L00000013042

Dear Corporations Representative:

Enclosed is a Statement of Change of Registered Agent for the referenced limited liability company, together with our firm's Check No. 16430 in the amount of \$25.00 for the filing fee. Thank you for your attention to this matter.

Sincerely, Mary La Milla

Mary Lu Miller, CLA

Paralegal to David L. Smith, Esq.

/mlm Enclosures

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

agent, or both, in the state	•			
1. The name of the limited	I liability company is: _	SpringTre	e, LLC	
2. The mailing address of	the limited liability con	npany is: _	10933 Wellworth	Avenue, #6,
Los Angeles, CA 90024				
10/25/2000			L00000013042	
3. Date of filing/registration	on in Florida		4. Document num	ber
5. The name of the register Florida Department of S	red agent and the registe State: Michael E. Neukamn		address as shown or	n the records of the
c/o Gray, Harris & Robinson, P.A.,	301 E. Pine Street, S	Name Suite 1400 Address	3	1003 JUN - 2 PM II: 50  OILLAHASSEE, FLORIDAS
6. The name and address of	of the new registered age	tate and Zi ent and/or o	•	SSEE FLORING PARTY ST
	John A. Anthony  201 N. Franklin Street	ame et,Suite 22	200	A STATE OF THE PARTY OF THE PAR
Florida street address (P.O. Box NOT acceptable)				
	Tampa,	FL 3360	2	
	City, Sta	ate and Zip		
If the limited liability com confirmed that after the ch and the business office of liability company, it is her the members of the limited the operating agreement of	ange or changes are mathe registered agent will eby confirmed that the call hability company or as the limited liability con	de, the Float to the identic change(s) was otherwise mpany.	rida street address o al. Or, in the case o vas/were authorized	f the registered office of a Florida limited by an affirmative vote of
(Signature of a member or authori Conrad Baker, Presid	zed representative of a member) ent of			
CBA Financial, Inc.,	a California corp	oration,	Member	
(Printed or typed name of signee)  I hereby accept the appoil comply with the provision and I am familiar with and Chapter 608 F.S. Or if the address I hereby confirm		ent and agr to the prop of my posi led to mere company i	ree to act in this cap er and complete pe tion as registered a ly reflect a change has been notified in	pacity. I further agree to rformance of my duties, gent as provided for in in the registered office writing of this change.
(Nignature of Registered Agent)				-

**FILING FEE: \$25.00** 

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)