

L 06000008531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

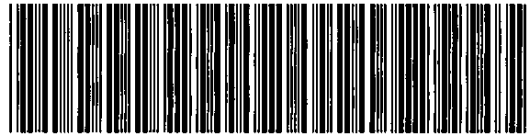
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
06 AUG 22 AM 11:11

J. BRYAN AUG 23 2006

**Allapatta I LLC**  
**701 Brickell Avenue Suite 1460**  
**Miami, Florida 33131**

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SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
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August 16, 2006

Florida Department of State:  
Registration Section  
Division of Corporations  
P.O. BOX 6327  
Tallahassee, FL 32314

RE: Allapatta I LLC – Change of place of business and mailing address  
Document #L06000008531

Dear Sir or Madam:

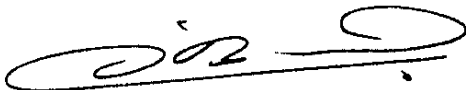
Please accept this letter as our request to change the place of business and mailing address for Allapatta I LLC to:

c/o Bar Invest Florida, Inc.  
701 Brickell Avenue Suite 1460  
Miami, FL 33131

Additionally, enclosed please find a check for \$25.00 to process a change of Registered Agent/Registered Office for this entity.

Thank you for your attention to this matter.

Sincerely yours,



Jacques Barbera  
Manager  
Allapatta I LLC

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALLAPATTA I LLC  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

HERVE BARBERA  
(Name of Person)

BAR INVEST FLORIDA, INC.  
(Firm/Company)

701 BRICKELL AVENUE SUITE 1460  
(Address)

MIAMI, FL 33131  
(City/State and Zip Code)

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For further information concerning this matter, please call:

HERVE BARBERA at ( 305 ) 538-0135 ext. 1029  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

**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.*

1. The name of the limited liability company is: ALLAPATTA I LLC

2. The mailing address of the limited liability company is: 701 Brickell Avenue  
Suite 1460 Miami, FL 33131

3. Date of filing/registration in Florida 1/24/2006 4. Document number L06000008531

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

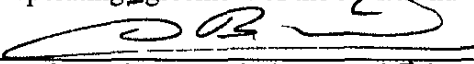
TRANSGLOBAL CORPORATE ADMINISTRATION LLC  
Name  
520 BRICKELL KEY DRIVE SUITE 0-305  
Address  
MIAMI, FL. 33131  
City, State and Zip

6. The name and address of the new registered agent and/or office:

BAR INVEST MANAGEMENT SERVICES, LLC  
Name  
701 BRICKELL AVENUE SUITE 1460  
Florida street address (P.O. Box **NOT** acceptable)  
MIAMI FL 33131  
City, State and Zip

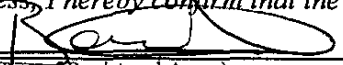
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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
\_\_\_\_\_  
(Signature of a member or authorized representative of a member)

JACQUES BARBERA  
(Printed or typed name of signee)

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
\_\_\_\_\_  
(Signature of Registered Agent) HERVE BARBERA

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**  
**FILING FEE: \$25.00**