

06000008539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

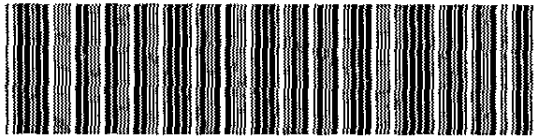
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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06-8539
AK

Allapatta II LLC
701 Brickell Avenue Suite 1460
Miami, Florida 33131

August 16, 2006

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

RE: Allapatta II LLC – Change of place of business and mailing address
Document #L06000008539

Dear Sir or Madam:

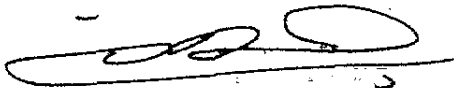
Please accept this letter as our request to change the place of business and mailing address for Allapatta II LLC to:

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 II LLC

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALLAPATTA II 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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TALLAHASSEE, FLORIDA

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 II 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 L06000008539

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

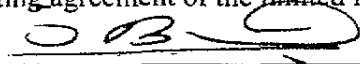
TRANSGLOBAL CORPORATE ADMINISTRATION LLC
Name
520 BRICKELL KEY DRIVE SUITE 0-305
Address
MIAMI, FL. 33131
City, State and Zip

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TALLAHASSEE, FLORIDA

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

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.

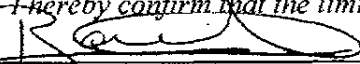


(Signature of a member or authorized representative of a member)

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) HEAVE BARBERA

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