1205000113139

(Request	or's Name)
(Address)	
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PICK-UP	WAIT MAIL
(Business	s Entity Name)
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EXAMINER



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SECRETARY OF STATE DIVISION OF CORPORATION:

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	BDPB Cutler, 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	g this matter to the following:
Barry M. Brant	
Name of Person	
Firm/Company	
200 S. Rissavna Rlyd. 6th F	loor
200 S. Biscayne Blvd., 6th F	1001
Miami, FL 33131 City/State and Zip Code	
B-mail address: (to be used for future annual report	notification)
For further information concerning this mat	ter, please call:
Barry M. Brant	at (305)379-7000
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327
Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the followi	ng 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.

Name of the limited liability company:	BDPB Cutler, LLC
2. (a) Principal office address of limited liability company	y: 200 S. Biscayne Blvd., 6th Floor
(Note: MUST BE STREET ADDRESS)	Miami, FL 33131
(b) Mailing address of limited liability company:	200 S. Biscayne Blvd., 6th Floor
(Note: MAY BE POST OFFICE BOX)	Miami, FL 33131
11/18/2005	L05000113139
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Richard A. Berkowitz
Registered Office Address:	200 S. Biscayne Blvd., 6th Floor
(b) Enter name of NEW Registered Agent and/or NEV	
NEW Registered Agent:	Barry M. Brant
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	200 S. Biscayne Blvd., 6th Floor Miami ,FL 33131
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company	Clorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote.
BARRY BROWN	
Printed or typed name of signee	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my pochapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	igree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in crely reflect a change in the registered office y has been notified in writing of this change.
Signature of Registered Agent	

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