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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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PICK-UP

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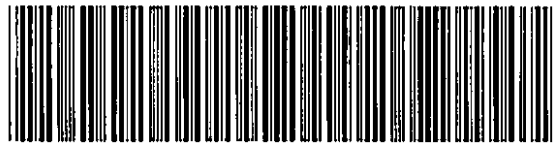
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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S. YOUNG

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18 DEC 21 AM 8:01  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** B.B.B. PLAZA ASSOCIATES, LTD  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A06000001277

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

Please return all correspondence concerning this matter to:

Lawrence Abrams

Contact Person

Berta Management of Florida Corp.

Firm/Company

2000 Glades Road, Suite 301

Address

Boca Raton, FL 33431

City, State and Zip Code

abramsl@berta-mgt.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lawrence Abrams

Name of Contact Person

at ( 561 )

703-3713

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

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

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18 DEC 21 AM 8:01  
TALLAHASSEE, FLORIDA

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. B.B.B. PLAZA ASSOCIATES, LTD  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 11/07/2006 3. A060000012777  
Date of filing/registration in Florida Florida document number

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

NOVOSELLER, DAVID S  
Name

6001 BROKEN SOUND PARKWAY NW, SUITE 100  
Address

BOCA RATON, FL 33487  
City, State and Zip

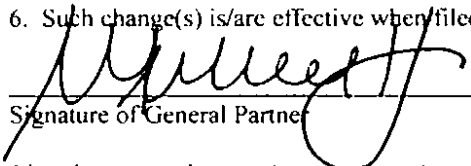
5. The name and Florida street address of the new registered agent and/or office:

MICHAEL KANOFF  
Name

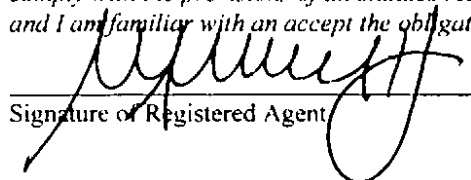
3500 FLAMINGO DRIVE  
Florida street address (P.O. Box not acceptable)

MIAMI BEACH FL 33140  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

  
Signature of General Partner

*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.*

  
Signature of Registered Agent

**Filing Fee: \$35.00**  
**Certified Copy (optional): \$52.50**

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18 DEC 21 AM 9:01  
TALLAHASSEE, FLORIDA