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K. SALY EXAMINER JAN 25 2011

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MDBV, LTD. Name of Limited Partnership or Limit	ed Liability Limited Partnership
DOCUMENT NUMBER: A 94 Appendix	
The enclosed Statement of Change of Registered O fee(s) are submitted for filing.	ffice and/or Registered Agent and
Please return all correspondence concerning this ma	atter to:
George A. Morgan, Jr.	
Contact Person	
Morgan Property Group, LLC	
Firm/Company	
450 E. Las Olas Blvd., Suite 730	
Address	
Fort Lauderdale, FL 33301	
City, State and Zip Code	
cfrye@morganpg.com	
E-mail address: (to be used for future annual report noti	fication)
For further information concerning this matter, plea	ase call:
at (at	704) 909-4507
Name of Contact Person Are	ea Code and Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Flo	orida Department of State.
STREET ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P. O. Box 6327
2661 Executive Center Circle	Tallahassee, FL 32314
Tallahassee, FL 32301	

LİMITED 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. Mb	BV, LTD		
Nan	ne of Limited Partnership or Limite	ed Liability L	imited Partnership
2. <u>Ob/13</u> Date of filing/	3/1994 registration in Florida	3. <u></u>	1940 1955 20 Florida document number
4. The name of the reg Department of State:	istered agent and the registered of	fice address a	s shown on the records of the Florid
<u>-</u>	George A. Mo	organ, Jr.	
	Name		
_	300 S.E. Second St		880
	Addres	s	
	Fort Lauderdale	, FL 3330	1
•	City, State ar	nd Zip	
5. The name and Florid	da street address of the new registe	ered agent and	d/or office:
	George A. Mo	rgan, Jr.	
	Name		OR OR
	450 E. Las Olas Bl	vd., Suite	730 💆
-	Florida street address (P.O.	Box not acce	eptable)
	Fort Lauderdale	FL	33301_
•	City, State an	nd Zip	
6. Such change(s) is/ar	re effective when filed by the Flori	da Departme	nt of State.
my day	X		
Signature of General P	driner		
comply with the provisi	pointment as registered agent and a ions of all statutes relative to the p	roper and co	mplete performance of my duties,
and I am familiar with	an accept the obligations of my po	sition as regi	istered agent.
Jent of	}		
Signature of Registered	d Agent		
Filing Fee:	\$35.00		
Certified Copy (o)	otional): \$52.50		