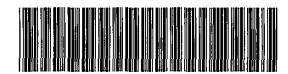
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101-12956



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 25, 2006

MICHAEL MCCLUSKEY 3473 SE WILLOUGHBY BLVD. FOX, WACKEEN, DUNGEY, ET. AL. STUART, FL 34994

SUBJECT: M.D. WHITE, LLC Ref. Number: L01000012956

We have received your document for M.D. WHITE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Section 608.407, Florida Statutes, requires the document(s) to be signed by member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 006A00063430

COVER LETTER

Division of Corporations		
SUBJECT: M.D.WHITE, LLC (Name of Corporation)		
DOCUMENT NUMBER: L01000012956		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filin	g.	
Please return all correspondence concerning this matter to the following:		
MICHAEL J. MCCLUSKEY (Name of Contact Person)		
FOX, WACKEEN, DUNGEY, et al (Firm/Company)	2006 SEC TALI	Market Mark
3473 SE WILLOUGHBY BOULEVARD (Address)	2006 NOV 28 F SECRETARY (TALLAHASSEF	
STUART, FL 34994 (City/State and Zip Code)	3 PM 3: 04 SEE, FLORID	Warner Williams
For further information concerning this matter, please call:		
ALICE LYONS at (772) 287-4444 EX (Area Code & Daytime Telepho	T 205 one Number)	

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

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO:

Amendment Section

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: M.D. White, LLC 2. The mailing address of the limited liability company is: _____ 560 NW Interpark Place, Port St Lucie, FL 34986 8/3/2001 Document number 3. Date of filing/registration in Florida 5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Michael J. McCluskey Name 1100 S. Federal Highway Address Stuart, FL 34994 City, State and Zip 6. The name and address of the new registered agent and/or office: Michael J. McCluskey, Esq. Name 3473 SE Willoughby Blvd Florida street address (P.O. Box NOT acceptable) Stuart, FL 34994 FL 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. authorized representative of a member) (Mgnature of a member of

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 an early by confirm that the limited liability company has been notified in writing of this change.

(Signature of Reg stered Agent)

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