

LO2 0000 11 355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

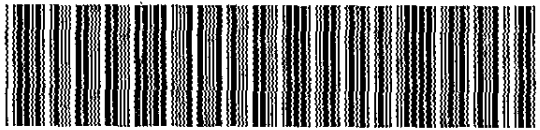
Special Instructions to Filing Officer:

789, 707, 671

9/29/04
MMA

Office Use Only

FF \$25



800036907188

07/13/04--01041--019 **35.00

FILED
04 AUG 24 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Pink Sands Beaches LLC
(Name of corporation)

DOCUMENT NUMBER: L02000011355

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Carlos Padron
(Name of person)

V. G. Padron & Diaz, P.A.
(Name of firm/company)

2 Alhambra Plaza, Suite 800
(Address)

Coral Gables, FL 33134
(City/state and zip code)

04 AUG 24 PM 2:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

For further information concerning this matter, please call:

Carlos Padron at (305) 461-4889
(Name of person) (Area code & daytime telephone 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
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 16, 2004

CARLOS PADRON
2 ALHAMBRA PLAZA STE. 860
CORAL GABLES, FL 33134

SUBJECT: PINK SANDS BEACHES LLC
Ref. Number: L02000011355

We have received your document for PINK SANDS BEACHES 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.

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) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 904A00045423

04 AUG 24 PM 2:05
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: PINK SANDS BEACHES, LLC.

2. The mailing address of the limited liability company is : 55 Alhambra Plaza
7th Floor, Coral Gables, Florida 33134

05/09/2002
3. Date of filing/registration in Florida

L02000011355
4. Document number

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

Corporation Service Company

Name

1201 Hays Street, Tallahassee, FL 32304

Address

City, State and Zip

6. The name and address of the new registered agent and/or office:

Carlos E. Padron, Esq.

Name

2 Alhambra Plaza, Suite 860

Florida street address (P.O. Box NOT acceptable)

Coral Gables, FL 33134

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)

Miguel B. Fernandez

(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)

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 AUG 24 PM 2:05
FILED