

L02000015135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

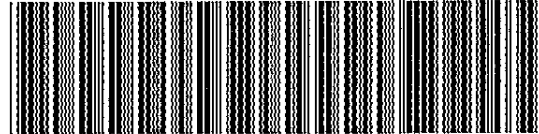
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

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DEPT. OF REVENUE  
DIVISION OF REGISTRATION  
TALLAHASSEE, FLORIDA

*BK*

Tallahassee

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TEW CARDENAS REBAK  
KELLOGG LEHMAN  
DeMARIA TAGUE  
RAYMOND & LEVINE, L.L.P.  
ATTORNEYS AT LAW

June 16, 2003

**Via Hand Delivery**  
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

FILED  
JUN 18 PM 8:29  
TALLAHASSEE, FLORIDA

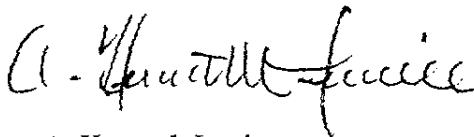
RE: **STATEMENT OF CHANGE / REGISTERED AGENT**

Dear Sir / Madam:

Please find enclosed fifteen (15) fully-executed Statement of Change forms, to change the registered office/agent for various of our client limited liability companies in the state of Florida. We also enclose a check in the amount of \$375.00 to cover the costs associated with this request.

If we can provide you with any further information with regard to this matter, please do not hesitate to contact us.

Sincerely,



A. Kenneth Levine

Encls.

**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: SA-PG Managers-Port St. Lucie LLC
2. The mailing address of the limited liability company is : c/o Schwartzberg Associates, LLC  
50 Main Street, White Plains, NY 10606

06/18/2002

L02000015135

3. Date of filing/registration in Florida

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:

NRAI Services, Inc.

Name

526 E. Park Avenue

Address

Tallahassee, FL 32301

City, State and Zip

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

A. Kenneth Levine

Name

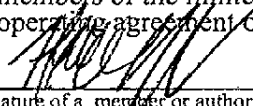
101 N. Monroe Street, Suite 725

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

Tallahassee, FL 32301

City, State and Zip

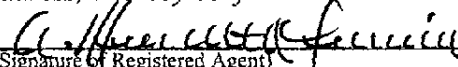
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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)

Maxwell Stolzberg

(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