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SECRETARY SEP SIATE

M. HODGES

Blumenfeld Kaplan Sandweiss, P.C.

168 North Meramec Avensaint Louis, Missouri 6310
tel 314.863.0800 • fax 314.863.938
3201 South Providence • Suite 10
Columbia, Missouri 6520
tel 573.234.080
www.bks-law.co.

September 9, 2005

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Registered Agent/Address Changes

Dear Sir/Madam:

Enclosed are three (3) corporate Registered Agent/Address changes and nine (9) limited liability company Registered Agent/Address changes, and the corresponding fees totaling \$330.00 as required. Please make the appropriate changes and provide me with evidence of the same at your earliest convenience.

Thank you for your assistance. Please let me know if you have any questions or need additional information regarding the enclosed.

Sincerely,

Harlon D. Keel

Paralegal

/hk Enclosures

cc: Harold A. Tzinberg, Esq.

OS SEP 12 PM 3 29
SECRETARY OF STATE

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 limite	ed liability company is:	Baldridge	-Pine Ridge II, L.L	C
2. The mailing address o				·
11825 Manchester Ro	•			
7/2/2002			L02000046722	
3. Date of filing/registrat	ion in Florida	•	4. Document numb	ber
5. The name of the registres Florida Department of		tered office	address as shown or	the records of the
•	10208 N. W. 24th P	Name Place, Apt.	405	
	Sunrise, Florida 333	Address		OS SEP 12 PH 36 STALLAHASSEE FLOR
6. The name and address	of the new registered ag	gent and/or o	office:	TARY OF S
	Kelly Price			
	27200 Riverview Ce	Name enter Blvd.,	Suite 309	3: 29 STATE LORID
	Florida street address	(P.O. Box	NOT acceptable)	DA C
	Bonita Springs	_{FL} 3413	4	
	City, S	tate and Zip		
If the limited liability conconfirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement (Signature of a member of author)	hange or changes are many the registered agent will reby confirmed that the disability combany or a	ade, the Flor Il be identicated change(s) was otherwise ompany.	rida street address o al. Or, in the case o as/were authorized	f the registered office f a Florida limited by an affirmative vote of
Kenneth R. Baldridge				-
(Printed or typed name of signee)		rout and a	van to not in this	agity I firsthay gaves to
I hereby accept the appo comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	intment as registered agus of all statutes relative ad accept the obligation this document is being for that the limited liability	gent and agr to the prop s of my posit iled to mere y company f	ee to act in this cap er and complete per tion as registered as ly reflect a change i as been notified in	acity. I further agree to formance of my duties, gent as provided for in the registered office writing of this change.
(Signature of Registered Agent)				

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

INHS18(10/99)

FILING FEE: \$25.00