103000033354

| (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: | | | | |
| | | | | |
| | | | | |
| | | | | |





500078938575

08/29/06--01055--011 **25.00

SECRETARY OF STATE OF



COVER LETTER

| Division of Corporations | | | | |
|---|---------------------------------------|----------------------------|---|--|
| SUBJECT: BAB Developers VII, LLC (Name of Li | imited Liabi | lity Company) | | |
| ` | | * * */ | | |
| Dear Sir or Madam: | | | | |
| The enclosed Registered Agent/Registered O | ffice Change | e and fee(s) are submitted | l for filing. | |
| Please return all correspondence concerning t | this matter to | the following: | | |
| Gary B. Leuchtman | | | | |
| (Name of Person) | | | rs 2 | |
| | | | SEC VISCO | |
| Beggs and Lane | | | - AG6 ORF | |
| (Firm/Company) | | | SECRE TAPY 2006 AUG 29 | |
| 501 Commendencia Street | | | 양 | |
| (Address) | | | · · · · · · · · · · · · · · · · · · · | |
| Quant 17 | | | 72 Option | |
| Pensacola, Florida 32502 | e e | | | |
| (City/State and Zip Code) | | - | • | |
| | | | | |
| For further information concerning this matte | er, please cal | 1: | | |
| | | | | |
| Gary B. Leuchtman | at (850 | 432-2451 | | |
| (Name of Person) | | (Area Code & Daytime | Telephone Number) | |
| | | | | |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: Registration Section | | | |
| Registration Section Division of Corporations | Division of Corporations | | | |
| Clifton Building | P.O. Box 6327 | | | |
| 2661 Executive Center Circle | Tallahassee, Florida 32314 | | | |
| Tallahassee, Florida 32301 | | | | |
| Enclosed is a check for the following | g amount: | | | |
| \$25 Filing Fee | S55 Filing Fee & Certified Copy | | | |

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 limit | ted liability company is: BAB C | evelopers VII LLC | · · · |
|---|--|--|--|
| 2. The mailing address | of the limited liability company | 'is: | * |
| 101-A Business Centre D | rive, Destin, Florida 32550 | | |
| 9/4/2003 | | L03000033354 | |
| 3. Date of filing/registra | ntion in Florida | 4. Document number | |
| 5. The name of the regis Florida Department o | tered agent and the registered of | office address as shown on the re | ecords of the |
| 1 fortua Department O | Herman L. Neese, Jr. | · · | SECRETARY COMMON AND 29 |
| | Name | | 6 0 0 T T |
| | 101-A Business Centre Driv | | ان کی در |
| | Addres | SS | 3 |
| | Destin, Florida 32550 City, State a | nd Zin | · 2 |
| 6. The name and address | s of the new registered agent an | 1 | 72 |
| | 9 | | |
| | Gary B. Leuchtman | | |
| | Name 501 Commendencia Street | | |
| | Florida street address (P.O. | Box NOT acceptable) | - % |
| | Tiotida saroti addices (Fio. | Dox 1.01 acceptable, | |
| | Pensacola FL | 32502 | <u> </u> |
| | City, State an | d Zip | |
| confirmed that after the and the business office of liability company, it is hof the members of the lior the operating agreement. | change or changes are made, the fithe registered agent will be increby confirmed that the change imited liability company or as cent of the limited liability comp | he laws of the State of Florida, the Florida street address of the relentical. Or, in the case of a Florida, was/were authorized by anotherwise provided in the article any. | egistered office orida limited affirmative vote |
| (Signature of a member or author | orized representative of a member) | | |
| MECCETHIN B | Koner | | |
| (Printed or typed name of signe | e) / | | |
| | | nd agree to act in this capacity. proper and complete performa position as registered agent as merely reflect a change in the i pany has been notified in writin | I further agree to ince of my duties, is provided for in registered office g of this change. |
| (Signature of Registered Agent) | , | | |
| / Divis | ion of Cornorations, P.O. Box | : 6327. Tallahassee. FL 32314 | Ĺ |

FILING FEE: \$25.00