

W04000002804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

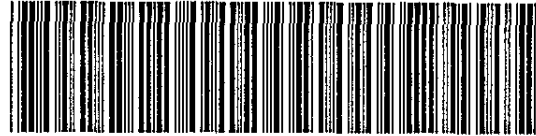
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

8/2 R/A change

W04-2804

Office Use Only



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08/02/04--01049--010 \*\*25.00

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TALLAHASSEE FLORIDA

04 AUG -2 AM 11:10

FILED

**WEISBURD, EISEN & POSSENTI, P.A.**

SCOTT EISEN  
VALERIE POSSENTI  
SCOTT WEISBURD

7700 NORTH KENDALL DRIVE  
SUITE 707  
MIAMI, FLORIDA  
33156

2751 EXECUTIVE PARK DR.  
SUITE 104  
WESTON, FL 33331  
TELEPHONE (954) 473-0500  
TELECOPIER (954) 473-4191

TELEPHONE (305) 274-5011  
TELECOPIER (305) 274-5059

Please reply to **MIAMI** office

July 29, 2004

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

**RE: PINETREE PIONEER HOLDINGS, LLC**

Dear Sir or Madam::

Enclosed please find a Statement of Change along with a check in the amount of \$25.00 incident to the above captioned entity.

Should you have any questions with regard to the enclosed, please do not hesitate to contact the undersigned.

Very Truly Yours,

IOANIA FERNANDEZ  
Legal Assistant

Enclosures

**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: PINETREE PIONEER HOLDINGS, LLC
2. The mailing address of the limited liability company is : 197 LEUCADENDRA DRIVE,  
CORAL GABLES, FL 33156

JANUARY 12, 2004

L04000002804

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:

RONALD FIELDSTONE

Name

201 ALHAMBRA CIRCLE, SUITE 601

Address

CORAL GABLES, FL 33134

City, State and Zip

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

FRANCISCO MENDEZ

Name

197 LEUCADENDRA DRIVE

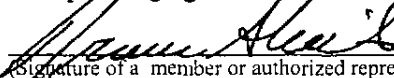
Florida street address (P.O. Box NOT acceptable)

CORAL GABLES FL 33156

City, State and Zip

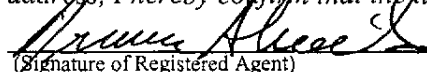
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**STATE**  
**TALLAHASSEE FLORIDA**

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)

Francisco A. Mendez  
(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**