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## DAVID L. GORMAN, P.A.

ATTORNEYS AT LAW

BAY POINTE BUILDING, SUITE 303 618 U.S. HIGHWAY ONE, NORTH PALM BEACH, FL 33408

> TELE. (561) 842-0808 FAX (561) 842-0914 E-MAIL: <u>DLGORMAN@BELLSOUTH.NET</u>

DAVID L. GORMAN, ESQ.

June 22, 2004

Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

Re: Change of Registered Agent Office

Dear Sir or Madam:

Enclosed herewith please find a Statement of Change of Registered Office or Registered Agent or Both for Corporation, together with the \$35.00 filing fee. I have included a stamped addressed envelope to mail confirmation of the change.

If you have any questions, please contact me at the above-telephone number.

Sincerely yours,

Cyndi Dyson

Secretary for David L. Gorman, Esq.

/cd Enclosures



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 28, 2004

CYNDI DYSON DAVID L. GORMAN, P.A. 618 U.S. HIGHWAY ONE, SUITE 303 NORTH PALM BEACH, FL 33408

SUBJECT: W P B HOSPITALITY, LLC

Ref. Number: L04000031355

We have received your document for W P B HOSPITALITY, 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):

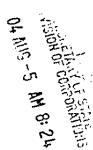
The form you submitted is for a corporation, but your entity is a limited liability company. Please find enclosed the proper form for your entity.

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) 245-6958.

Lee Rivers Document Specialist

Letter Number: 304A00042248



### DAVID L. GORMAN, P.A.

ATTORNEYS AT LAW

BAY POINTE BUILDING, SUITE 303 618 U.S. HIGHWAY ONE, NORTH PALM BEACH, FL 33408

> TELE. (561) 842-0808 FAX (561) 842-0914 E-MAIL: <u>DLGORMAN@BELLSOUTH.NET</u>

DAVID L. GORMAN, ESQ.

July 28, 2004

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

Re: WPB Hospitality LLC

Change of Registered Agent

Dear Sir or Madam:

Enclosed herewith please find a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company. On June 28, 2004, you advised that the form we previously submitted was incorrect as it related to a Statement of Change of Registered Office or Registered Agent or Both for a Corporation. You additionally advised that we should complete the proper form and provide a copy of your June 28, 2004 letter to us, which is enclosed, by no later than 60 days from June 28, 2004. Also, from your letter our firm has previously paid the filing fee of \$35.00, however, your form for the Limited Liability Company indicates the filing fee is actually \$25.00. Accordingly, please issue a refund in the amount of \$10.00 made payable to our firm, David L. Gorman, P.A., for the overpayment. I have included a self-address, stamped envelope for that purpose.

If you require anything further, please contact me at 561-842-0808.

Sincerely yours,

Cyndi Dyson

Secretary for David L. Gorman, Esq.

/cd 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: WPB Hospitality LIC
2. The mailing address of the limited liability company is: 15423 E. Valley Blvd., Industry C 91746  4/23/04  3. Date of filing/registration in Florida  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   Address   Tallahassee, Ft. 32301   City, State and Zip
4/23/04 L04000031355
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:
Corporation Service Company
1201 Havs Street
Name  1201 Hays Street  Address Tallahassee, FL 32301
City, State and Zip
6. The name and address of the new registered agent and/or office:
David L. Gorman, Esq.
Name 618 U.S. Highway One, Ste. 303
Florida street address (P.O. Box NOT acceptable)
_ North Palm Beach FL 33408 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 of authorized representative of a member)
(Signature of a member of authorized representative of a member)
Brad Keiller, Manager (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

INHS18(10/99)

FILING FEE: \$25.00