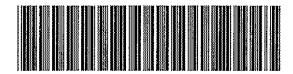
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(Re	questor's Name	)
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, (Cit	y/State/Zip/Phor	ne #)
PICK-UP		MAIL
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Certified Copies	Certificate	es of Status
Special Instructions to I	Filing Officer:	
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SECRETARY OF STATE DIVISION OF CORPORATIONS

## **COVER LETTER**

Division of Corporations			· <del>;</del>		
SUBJECT: Leviev Boymelgreen Vitri D					
(Name or	Limited Liab	oility Company)			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered	Office Chang	ge and fee(s) are submitted for	filing.		
Please return all correspondence concerning	this matter	to the following:			
Coralee G. Penabad					
(Name of Person)			· <del>-</del> · <del>-</del>		
•					
(Firm/Company)		<del></del> .			
3050 Biscayne Blvd. Suite 700W					
(Address)					
Miami, Florida 33137			· · · · -		
(City/State and Zip Code)			-·- <del></del>		
For further information concerning this matt	ler, please ca	11:			
Coralee Penabad	_ at ( 305	438-0223			
(Name of Person)		(Area Code & Daytime Telep	hone Number)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.	AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314			
Enclosed is a check for the following	ig amount:				
\$25 Filing Fee	\$55 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 compa	ny is: Leviev Boyme	elgreen Vitri Develope	rs, LLC		
2. The mailing address	of the limited liabil	lity company is : 3	050 Biscayne Blvd.,	, Suite 700, N	/liami,	FL 3313
5/13/2004			L04000036725			
3. Date of filing/registration in Florida			4. Document number			
5. The name of the regis Florida Department of	tered agent and the	registered office a	ddress as shown o	n the record	s of th	ne
-	Andrew B. Hel					
		Name				
	Meland Russin Hell	linger & Budwick, PA,	200 S Biscayne Blvd.,	Suite 3000		
	Miami, Florida 3	Address			00	D
		City, State and Zir	)		90	SEC SEC
6. The name and address	of the new registe	red agent and/or or	ffice:		06 OCT -4	RETAR PARTOR
	Coralee G. Pen	abad, P.A.			70	25°E
	3050 Biscayne E	Name Blvd., Suite 700W		. — — .	PH 12: 5	LED LY OF STATE CORPORATIONS
	Florida street ac	idress (P.O. Box N	OT acceptable)	•	Ö	05.7 75.7
	Miami,	FL 33137	•			<u></u>
	C	City, State and Zip				
If the limited liability co confirmed that after the cand the business office of liability company, it is he of the members of the li or the operating agreement.	change or changes of the registered age efeby confirmed the inited liability come ent of the limited liability	are made, the Florient will be identica at the change(s) was otherwished ability company.	da street address of l. Or, in the case of as/were authorized	of the registe of a Florida I by an affin	ered of limited mative	ffice d vote
(Spinature of a member or author	rized representative of a	member)				
Coralee G. Penabad, aut		tive		.0		
(Printed or typed name of signed	•	•				
I hereby accept the appo comply-with the provision and I am familiar with a Chapter 608, F.S. Or if address, I hereby confirm (Signature of Registered Agent)	pintment as registe, no of all statutes re id accept the oblight this document is but that the limited li	red agent and agre clative to the prope cations of my positi eing filed to merely ability company ho	e to act in this cap r and complete pe on as registered a v reflect a change as been notified in	pacity. I furi rformance o gent as prov in the regist writing of th	her ag f my a ided f ered o iis cha	eree to luties, or in office inge.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00