L04000061015

(Requestor's Name) — B+B 17 th Place LLC 7801 W. Commercial. B TAMARAC, FL 33351	200043278862
(City/State/Lip/Pnone #)	12/13/0401031010 **25.00
(Business Entity Name)	
(Document Number) Certified Copies Certificates of Status	W 12 2 12 12 12 12 12 12 12 12 12 12 12 1
Special Instructions to Filing Officer:	2004 DEC 13 PH 1: 52 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Office Use Only

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: B+B 17th PIAC	ELLC.
2. The mailing address of the limited liability company is: 780/ W. C	onmercial Blu
TAMARAL,	EL 33351.
3. Date of filing/registration in Florida 20400 4. Document numb	2006/0/5 er
5. The name of the registered agent and the registered office address as shown on	
Florida Department of State:	•
13ehm, ARTHUR Name 7801 W. Commercial BIVD. Address 77maral FL 33351 City, State and Zip	
City, State and Zip	T _S 28
6. The name and address of the new registered agent and/or office:	104 DEC
CRAIG CAROINALE Name	13 ARY (SSEE
780/ W. Commeacial BluP. Florida street address (P.O. Box NOT acceptable)	PR I
JAMARL FL 33351	1: 53 TATE ORIDA
City, State and Zip	
If the limited liability/company is not organized under the laws of the State of Flor confirmed that after the change or changes are made, the Florida street address of and the business office of the registered agent will be identical. Or, in the case of liability company, it is hereby confirmed that the change(s) was/were authorized be the members of the limited liability company or as otherwise provided in the article the operating agreement of the limited liability company.	rida, it is hereby the registered office a Florida limited y an affirmative vote of les of organization or
(Signature of a hachiber of authorized representative of a member) ARHUR BYHM	
(Printed or typed name of signee)	1. rc .7
I hereby accept the appointment as registered agent and agree to act in this capa comply with the provisions of all statutes relative to the proper and complete perfand I am familiar with and accept the obligations of my position as registered age Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in address, I hereby confirm that the limited liability company has been notified in w	city. I further agree to ormance of my duties, nt as provided for in the registered office riting of this change.
(Signature of Registered Agent)	-
Division of Corporations, P.O. Box 6327, Tallahassee, FL 3	2314

FILING FEE: \$25.00