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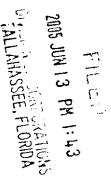
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J. SAMMA JUN 2 0 2005

STACEY P. COHAN

Attorney at Law

SS FIFTH AVENUE - 15TH FLOOR NEW YORK, NEW YORK 10003

TELEPHONE: (212) 206-6118 FACSIMILE: (212) 727-0563

June 6, 2005

Sincerely,

ohan

BY REGULAR MAILFlorida Division of Corporations
P.O. Box 6327

Tallahassee, Florida 32314

Re: Susan WPB Equities LLC

Clinton Hill WPB Equities LLC

TEA WPB Equities LLC CH WPB Equities LLC TC WPB Equities LLC

Gentlepersons:

Enclosed please find a "Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company" for each of the above referenced entities, together with a check made payable to "Division of Corporations" in the amount of \$125.00 representing the aggregate filing fee for same.

Please telephone with any questions.

• 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 lin	mited liability company	is: TC WPB Equities LLC		
		company is: 55 Fifth Avenue	, 15th Floor	
New York, New York				
November 18, 2004		L0400008405	L04000084059	
3. Date of filing/registration in Florida		4. Document nur	4. Document number	
5. The name of the reg Florida Department		egistered office address as shown	on the records of the	
		Name atis Street, Suite 400	-	
	West Palm Beac	Address ch, FL 33401 ty, State and Zip	2005	
6. The name and addre	ess of the new registered	1	2005 JUN 13 PM 1: 43 2005 JUN 13 PM 1: 43 DIVINITIONS DIVINITIONS DIVINITIONS	
	Lee Solomon, Esq.		ASSI	
	19538 Bayview F	Name Road	明報・日本	
	Florida street addı	ress (P.O. Box NOT acceptable)	92.	
	Boca Raton	FL 33434	DA ONS	
	City	y, State and Zip		
confirmed that after the and the business office liability company, it is the members of the linthe operating agreeme	e change or changes are of the registered agent hereby confirmed that	ed under the laws of the State of I e made, the Florida street address will be identical. Or, in the case the change(s) was/were authorize or as otherwise provided in the ary company.	of the registered office of a Florida limited d by an affirmative vote of	
Stacev P. Cohan. A	uthorized Representa	ative		
(Printed or typed name of sig				
I hereby accept the at comply with the provis and I am familiar with Chapter 608, F.S. Or, address, I hereby conf	pointment as registered tions of all statutes rela and accept the obligate if this document is bein irm that the limited hab	d agent and agree to act in this ca tive to the proper and complete p ions of my position as registered ing filed to merely reflect a change illity company has been notified in	spacity. I further agree to erformance of my duties, agent as provided for in e in the registered office n writing of this change.	
(Signature of Registered Age	ent)	<u>~~</u>		

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

INHS18(10/99)

FILING FEE: \$25.00