L04-000 88817

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	idress)	<u> </u>
(Cit	ty/State/Zip/Phone	<i>></i> #)
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KRASNY AND DETTMER

A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS ATTORNEYS AND COUNSELORS AT LAW

THE RIVERFRONT BUILDING
304 S. HARBOR CITY BOULEVARD, SUITE 201
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*FLORIDA SUPREME COURT CERTIFIED MEDIATOR-ARBITRATOR

ABOARD CERTIFIED IN TAXATION

TALSO CERTIFIED PUBLIC ACCOUNTANT

OADMITTED COLORADO BAR

December 29, 2004

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

Re: LD

LDP, LLC

Gentlemen:

Please find enclosed the Statement of Change of Registered Agent for Limited Liability Company which has been executed. Also enclosed is our firm's trust account check in the amount of \$25.00 representing the filing fee.

If you should have any questions, or need any additional information, please do not hesitate contact our office.

Very truly yours,

KRASNY AND DETTMER

Kathi A. Shotwell, Legal Assistant to

Dale A. Dettmer

/kas Enclosure

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	ed liability company is: LDP, LLC			
2. The mailing address of	of the limited liability company is: 518 Ocean Avenu	ue, Melb	oume	Beach,
Florida 32951				
December 8, 2004	L0400088817			· <u> </u>
3. Date of filing/registra	tion in Florida 4. Document num	ıber		
5. The name of the regist Florida Department of	ered agent and the registered office address as shown o State: Dale A. Dettmer	n the reco	ords of	f the
	Name 304 S. Harbor City Boulevard, Suite 201			
	Address Melbourne, Florida 32901	SEC	2005	
6. The name and address of the new registered agent and/or office:		RE TAF	2005 JAN -3	
Djon Pepaj		RY O SEE,		
518 Ocean Avenue); STA] , FLORI	AH 10: 5	Ö
	Florida street address (P.O. Box NOT acceptable)	DA DA	57	
	Melbourne Beach _{FL} 32951			
	City, State and Zip			
confirmed that after the cand the business office of liability company, it is he the members of the limit the operating agreement	mpany is not organized under the laws of the State of F hange or changes are made, the Florida street address of the registered agent will be identical. Or, in the case of the registered that the change(s) was/were authorized diability company or as otherwise provided in the art of the limited liability company.	of the regi	istered da limi	l office ited
(Printed or typed name of signee)	-	-	
I hereby accept the appo comply with the provision and I am familiar with a Chapter 608, F.S. Or, if address, Mexcby confirm (Signature of Registered Agent)	nintment as registered agent and agree to act in this cap ns of all statutes relative to the proper and complete pe nd accept the obligations of my position as registered a this decument is being filed to merely reflect a change that the limited liability company has been notified in	pacity. I j rformand gent as p in the res writing t	further te of m rovide gistere of this	r agree to vy duties, vd for in vd office change.
Divisi	on of Corporations, P.O. Box 6327, Tallahassee, FL	32314		

FILING FEE: \$25.00

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