## L050000005051

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APR 2 3 2008

**EXAMINER** 



April 16, 2008

Thomas M. Cawley Attorney at Law tcawley@cfdf.com

Fourteenth Floor 1717 East Ninth Street Cleveland, OH 44114-2876 T 216.621.7860 F 216.621.3415 www.cfdf.com

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

Re: Winston HB, LLC

Dear Sir or Madam:

Enclosed is a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company with respect to the above-referenced limited liability company, and a check in the amount of \$25.00 for the filing fee.

Please file this document and return a certificate of filing to me. If you have any questions, please feel free to contact me. Thank you.

Very truly yours,

Thomas M. Cawley

TMC:ild Enclosure

S;\DEPT\CORP\CHIMERA\Winston HB, LLC\Florida Div of Corp ltr 4-16-08.duc

OR APR 22 PN 1: 50

## 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.

	146-1-10-110-110
1. The name of the limited liability co	ompany is: Winston HB, LLC
2. The mailing address of the limited	liability company is : 2419 Laguna Drive,
Fort Lauderdale, Florida 33316	
January 14, 2005	L05000005051
3. Date of filing/registration in Florid	a 4. Document number
5. The name of the registered agent an Florida Department of State:	nd the registered office address as shown on the records of the
Andrea Br	own
	Name
1511 S.E. 2	2nd Street
Paul ands	Address
Fort Laude	rdale, Florida 33301  City, State and Zip
6 771 1 11 6.1	N TO
6. The name and address of the new re	egistered agent and/or office:
Keith A. Br	own = 2 92
	Name Sa Drive
2419 Lagur	10 DIVC
Florida str	eet address (P.O. Box NOT acceptable)
Fort Lauder	rdale, FL 33316
	City, State and Zip
confirmed that after the change or cha and the business office of the registere liability company, it is hereby confirm	organized under the laws of the State of Florida, it is hereby nges are made, the Florida street address of the registered office ed agent will be identical. Or, in the case of a Florida limited ned that the change(s) was/were authorized by an affirmative vote of company or as otherwise provided in the articles of organization ted liability company.
Keith A. Brown	
(Printed or typed name of signee)	
I hereby accept the appointment as re comply with the provisions of all statu and I am familiar with and accept the Chapter 608, F.Y. Or, if this documen addressy I herely confirm that the limi	egistered agent and agree to act in this capacity. I further agree to lies relative to the proper and complete performance of my duties, obligations of my position as registered agent as provided for in It is being filed to merely reflect a change in the registered office ited liability company has been notified in writing of this change.

(Signature of Registered Agent)