B0570000308

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Name)			
•	•			
(Document Number)				
•	,			
Certified Copies	Certificates of	Status		
				
Special Instructions to	Filing Officer:			
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COVER LETTER

Division of Corporations		
SUBJECT: WBV Partners, L.L.C.		
(Name of Limi	ted Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offic	ee Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Gary B. Leuchtman		
(Name of Person)	, in the second	
Beggs and Lane		
(Firm/Company)	•	
501 Commendencia Street		
(Address)		
Pensacola, Florida 32502		
(City/State and Zip Code)		
For further information concerning this matter, p	bleace call:	
or further morniador concerning and matter, p	nease can.	
Gary B. Leuchtman at	(850) 432-2451	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following a	mount:	
✓ \$25 Filing Fee	S55 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 lin	nited liability company is:	WBV Partners, L.L.C.	
2. The mailing address	s of the limited liability con	npany is :	
101-A Business Centre	Drive, Destin, Florida 32550		
01/28/2005	<u></u> .	L05000009308	
3. Date of filing/registration in Florida		4. Document num	ber
5. The name of the reg Florida Department	istered agent and the registe of State:	ered office address as shown or	n the records of the
<u>-</u>	Herman L. Neese, Jr	r <u>.</u>	
		Name	· · · · · · · · · · · · · · · · · ·
	101-A Business Centre	e Drive	
	A	Address	
	Destin, Florida 32550		••••
	City, S	tate and Zip	SE SE
6. The name and addr	ess of the new registered age	ent and/or office:	
	Gary B. Leuchtman		8 2 3 F
Name 501 Commendencia Street		F R	
	Florida street address	(P.O. Box NOT acceptable)	2: 33 PAJE BRID
	Pensacola	FL 32502	<u> </u>
	City, Sta	ate and Zip	
confirmed that after the and the business office liability company, it is of the members of the or the operating agree	e change or changes are mae of the registered agent will hereby confirmed that the climited liability company onent of the limited liability	nder the laws of the State of Fl de, the Florida street address of the identical. Or, in the case of change(s) was/were authorized or as otherwise provided in the company.	of the registered office of a Florida limited by an affirmative vote
(Signature of a member or at	thorized representative of a member)	•	•
WALL THE	H. KOMPA		
(Printed or typed name of sig			•
I hereby accept the a comply with the provi- and I am lamiliar with Chapter 508, F. Str address to hereby chap	ppointment/as registered age tions of his statutes relative for the obligation of the status of the status fill from the status of the status of the from the status of th	ent and agree to act in this cap to the proper and complete per of my position as registered as led to merely reflect a change i company has been notified in	acity. I further agree to formance of my duties, yent as provided for in in the registered office writing of this change.
(Signature of Registered Age	nt) *		· · · ·
/ Div	ision of Corporations, P.O	. Box 6327, Tallahassee, FL	32314

FILING FEE: \$25.00