## 105000023517

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SECRETARY OF STATE TALLAHASSEE. FLORIDA

## COVER LETTER \*\*

TO: Registration Section Division of Corporations					
SUBJECT: Woodfield Management Co (Name of I	ompany LLC Limited Liability Company)				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning	this matter to the following:				
Scott Wiener					
(Name of Person)	····				
Greenwich Capital LLC					
(Firm/Company)					
9070 Kimberly Blvd. Ste 27-112					
(Address)					
Boca Raton, FI 33434					
(City/State and Zip Code)					
For further information concerning this matte	er, please call:				
Scott Wiener	at (561 ) 706-9508				
(Name of Person)	(Area Code & Daytime Telephone Number)				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the followin	ng amount:				
<b>✓</b> \$25 Filing Fee	\$55 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 limited liabi	lity company is:	Woodfield Manage	ement Company LLC			
2. The mailing address of the li	mited liability co	mpany is : 9070	Kimberly Blvd. Ste 2	27-112		
Boca Raton, Fl 33434	·				- ,	
03/09/2005		1.05	000023517			
<del></del>		Document number				
5. The name of the registered ag Florida Department of State:				records	s of the	
<u>Wier</u>	ier, Ila					
		Name				
5735	Harrington Way			≅s	201	
Dana		Address		ECF	2007 AUG 30	Alleren Tables
Boca	Raton, FI 3349	State and Zip		五	3U	-17
6 171	• 1	•		AR	3D	
6. The name and address of the	new registered ag	gent and/or office	<b>:</b> :	E O		m
Greei	nwich Capital LL	_C		F STATE	PM 4:3	
	<del></del>	Name		OR TA	<u></u>	- Constant
9070	Kimberly Blvd. S			DÆ A	3	
Flori	da street address	(P.O. Box NOT	acceptable)			
Boca	Raton	FL 33434				
	City, St	tate and Zip		<del></del>		
If the limited liability company is confirmed that after the change of and the business office of the reliability company, it is hereby confirmed the members of the limited lift or the operating agreement of the	or changes are magistered agent will on firmed that the ability company	ade, the Florida s Il be identical. O change(s) was/w or as otherwise n	street address of the Or, in the case of a F Vere authorized by a	register Florida li an affirm	red offi imited native v	ote
(Signature of a member or authorized representation)	esentative of a member	r)				
Scott Wiener			. •			
(Printed or typed name of signee)						
I hereby accept the appointmen comply with the provisions of all and I am familiar with and accept thapter 608, F.S. Or, if this do address, I hereby confirm that the	t as registered ag l statutes relative of the obligations cument is being fi se limited liability	gent and agree to to the proper an s of my position a lied to merely rej y company has bo	act in this capacity d complete perforn is registered agent flect a change in the een notified in writi	v. I furth nance of as provi e registe ing of th	her agr my du ded for red off is chân	ee to ties, in ice ge.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

(Signature of Registered Agent)