L05000030216

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: D8 Development, LLC (Name of	of Limited Liability Company)				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered	ed Office Change and fee(s) are submitted for filing.				
Please return all correspondence concerning	ing this matter to the following:				
Moises T. Grayson					
(Name of Person)					
Blaxberg,Grayson & Kukoff, PA	Si FAL				
(Firm/Company)	LAH LAH	<u> </u>			
25 SE 2nd Avenue, Suite 730	SN - P	[- -			
(Address)					
Miami, FL 33131	DEC 18 P 12: CHASSEE, FLORID				
(City/State and Zip Code)	02				
For further information concerning this ma	•				
Moises T. Grayson	at (305) 381-7979				
(Name of Person)	(Area Code & Daytime Telephone Numl	ber)			
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 follow	wing amount:				
 ✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	\$55 Filing Fee & Certified Copy			



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 16, 2006

MOISES T. GRAYSON BLAXBERG, GRAYSON & KUKOFF, PA. 25 SE 2ND AVE. SUITE 730 MIAMI, FL 33131

SUBJECT: D8 DEVELOPMENT LLC

Ref. Number: L05000030216

SECRETARY OF INDICATE TALLAHASSEE, FLORES

We have received your document for D8 DEVELOPMENT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist

Letter Number: 506A00067208

MOISES T. GRAYSON, ESQ. BLAXBERG, GRAYSON & KUKOFF, P.A.

25 S.E. Second Avenue – Suite 730

Miami, Florida 33131

Phone Number: 305-379-2300 Fax Number: 305-371-6816

Email Address: GRAYSON@BLAXGRAY.COM

December 11, 2006

VIA US MAIL

Florida Department of State Division of Corporations Po Box 6327 Tallahassee, Florida 32314

Re: D8 Development, LLC

Ref Number: L05000030216 Letter Number: 506A00067208

Dear Sir/ Madam:

Pursuant to the attached letter dated November 16, 2006 enclosed is an original Cover Letter and Statement of Change of Registered Office. Please make the necessary changes and send confirmation to my attention.

Should you have any questions or need anything further, please do not hesitate to contact me.

Moises Y. Grayson

ce: Ricardo Lara

MTG/leaser/33978

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 limi	ted liability compa	any is: D8 Developme	ent, LLC					
2. The mailing address	•			enue, M	iami, F	L 33172		
03/28/2005 3. Date of filing/registration in Florida		 -	L05000030216 4. Document number					
5. The name of the regis Florida Department o	stered agent and the				recor	ds of the		
riorida Departificiti o	Juan D. Rinco							
	1986 NW 82nd Miami, FL 3312	Address		SECRETAI	2006 DEC 1			
6. The name and address	Carlos Luis Pad	J		ASSEE, FLORIDA	18 P12:02			
	Pompano	FL 33069 City, State and Zip			 -			
If the limited liability co confirmed that after the and the business office cliability company, it is h of the members of the li or the operating agreement.	mpany is not organ change or changes of the registered ag eleby confirmed the mixed liability con ent of the limited li	nized under the laws are made, the Florid ent will be identical nat the change(s) wan apany or as otherwise ability company.	of the State of la street address. Or, in the cases/were authoriste provided in the	f Florida ss of the se of a F zed by a the artic	a, it is regist lorida in affin les of	hereby ered office limited mative vote organization		
(Signature of a member or auth		rmember)						
Carlos Luis Pacapins (Printed or typed name of signed	0)							
I hereby accept the appe comply with the provision and I am familiar with Chapter 608, F.S. Or, if address, I hereby confirm (Signature of Registers Frent)	nixtment as rediste	ered agent and agree elative to the proper gations of my position being filed to merely iability company ha:	e to act in this of and complete as registered reflect a changs been notified	capacity perforn I agent ge in the in writi	e. I fun nance o as pro e regis ng of i	rther agree to of my duties, vided for in tered office his change.		

FILING FEE: \$25.00

INHS18 (8/05)