L05000032170

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SECULIARY OF STATE
STATEMENT OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Biltmore Development Group, L (Name of Limite	LC ed Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this r	matter to the following:
Joseph A. Porrello (Name of Person)	
Joseph A. Porrello, P.A. (Firm/Company)	06 APR 14 PH12: 52
P.O. Box 450249	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
/acarly	
Miami, Florida 33245	52
(City/State and Zip Code)	
For further information concerning this matter, ple	ease call:
Joseph A. Porrello at (305) 374-0092
(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 following am	ount:
✓ \$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	liability company	y is: Biltmore Dev	elopment Group, LLC	
2. The mailing address of t	he limited liabilit	y company is : 1	2450 Northwest South	River Drive
Miami, Florida 33178			<u>.</u>	
April 1, 2005			L05000032170	
3. Date of filing/registration	n in Florida	-	4. Document number	er
5. The name of the registere Florida Department of St.	ed agent and the reate: MIGUEL A. JIMI		address as shown on	the records of the
<u>.''</u>	VIIOOLL A. SIIVII	Name		
1	12450 NORTHWE		VER DRIVE	
		Address		
<u> </u>	MIAMI FL 33178	ity, State and Zi		6
/ m 1 11 0		•		5 6 6 6 6 6 7 6 6 6 6 6 6 6 6 6 6
6. The name and address of	the new registere	ed agent and/or o	ffice:	그 뒤
J	oseph A. Porrell	o, Esq.		= Co. 7
_	Name			
	2929 Southwest Third Avenue, Suite 320		75.	
	Florida street add	lress (P.O. Box N	OT acceptable)	OS APR 14 PM 12: 52
M	liami	FL 33129	9	•
	Cit	y, State and Zip		
If the limited liability compactonfirmed that after the charand the business office of the liability company, it is hereful to the members of the limit or the operating agreement of	nge or changes and registered agent by confirmed that ed liability compate the limited liab	re made, the Flor t will be identica the change(s) wany or as otherwall the company.	ida street address of tal. Or, in the case of as/were authorized b	the registered office a Florida limited by an affirmative vote
(Signature of a member or authorized	drepresentative of a me	ember)		
MIGUEL A. JIMEN (Printed or typed name of signee)	JEZ, JR.			
I hereby accept the appoints comply with the provisions of and I am familiar with and Chapter 608, F.S. Or, if this address, Thereby confirm the (Signature of Registered Agent)			ee to act in this capacer and complete perfo on as registered ages or reflect a change in as been notified in wi Tallahassee, FL 32	

FILING FEE: \$25.00