L050000033306

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DIVISION OF THE PM 1: 2L



COVER LETTER

| TO: Registration Section Division of Corporations | • |
|--|---|
| SUBJECT: PWB Commons, LLC (Name of Limited) | Liability Company) |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office Cl | hange and fee(s) are submitted for filing. |
| Please return all correspondence concerning this mat | tter to the following: |
| Scott J. Wortman (Name of Person) | |
| PWB Commons, LLC (Firm/Company) | |
| 4600 Military Trail, Suite 212 (Address) | 1006 SEP 18 |
| Jupiter, FL 33418 (City/State and Zip Code) | OF STATE PH 1: 25 |
| For further information concerning this matter, pleas | e call: |
| Scott J. Wortman at (56 (Name of Person) | 1) 799-9280 (Area Code & Daytime Telephone Number) |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amou | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 nt: |
| | \$55 Filing Fee & Certified Copy |
| | |

INHS18 (8/05)



September 9, 2006

SCOTT J. WORTMAN 4600 MILITARY TRAIL, SUITE 212 JUPITER, FL 33418

SUBJECT: PWB COMMONS, LLC Ref. Number: L05000033306

We have received your document for PWB COMMONS, 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The registered agent must sign accepting the designation.

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) 245-6984.

Deborah Bruce Document Specialist

Letter Number: 306A00054557

. 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 limit | ed liability compan | y is: PWB Commo | ons, LLC | | | |
|--|--|---|---|---|--|---|
| 2. The mailing address o | f the limited liabili | ty company is: 4 | 600 Military Tra | il, Suite 212 | | _ - |
| Jupiter, FL 33458 | | ···· | _ : | | | |
| April 5, 2005 | | | L05000033306 | 3 | | |
| 3. Date of filing/registration in Florida 4. Document number | | | | | | |
| 5. The name of the register Florida Department of | | registered office | address as show | vn on the reco | rds of | the |
| • | Barry B. Byrd | | | | | |
| | 7108 Fairway Dr | | | <u></u> | 4 7 | . |
| | Palm Beach Gan | Address dens, FL 33418 City, State and Zi | p | _ | | |
| 6. The name and address | of the new register | ed agent and/or o | office: | | | |
| | Scott J. Wortman | <u> </u> | | <u> </u> | . • | <u>.</u> . "* |
| | 100011111 | Name | | · | 280 | ۷۱Ç |
| | 4600 Military Trail, Ste. 212 Florida street address (P.O. Box NOT acceptable) | | | | - S | SEC. |
| | Florida street ad | dress (P.O. Box I | NOT acceptable | e) | 2006 SEP 18: PM | 33.7 7.7 7.7 7.7 7.7 7.7 7.7 7.7 7.7 7.7 |
| | Jupiter, | FL 3345 | 8 | | 8 | F 48 Y |
| | Ci | ity, State and Zip | | | ₽ | ୍ଟ୍ରପ |
| If the limited liability corconfirmed that after the cand the business office of liability company, it is he of the members of the lir or the operating agreement. | hange or changes a f the registered ager ereby confirmed that nited liability comp of the limited lia | are made, the Flor nt will be identic at the change(s) v pany or as otherw bility company. | rida street addr al. Or, in the c vas/were autho: | ess of the regis ase of a Florid rized by an aff | stered Dimi irmati | office ted ve vote |
| (Signature of a member or author | rized representative of a r | member) | | | | |
| Scott J. Wortman | · · · · · · · · · · · · · · · · · · · | <u> </u> | | | | |
| (Printed or typed name of signee | | | | | | |
| I hereby accept the appo comply with the provision and I amfamilidy with an Chapter 608, P.S. Or, if address, Thereby confirm | intment as register is of all statutes rel ad accept the obligi this document is be a that the limited lic | ed agent and agr lative to the prop ations of my posit cing filed to mere ability company t | ree to act in thi. er and complet tion as register ly reflect a cha as been notifie | s capacity. I fi e performance ed agent as pr nge in the reg ed in writing of | urther of my ovided istered f this c | agree to duties, l for in l office hange |
| (Signature of Registered Agent) | | | | | | |

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