

L05000043887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

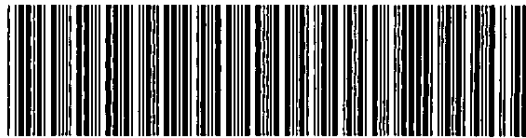
(Business Entity Name)

(Document Number)

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J. BRYAN SEP 7 2007

JB

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____
(Name of) WENTWORTH PROPERTY GROUP LLC

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT TRIPKA
BARNETT PROPERTY GROUP, LLC
POB 520
OZONA, FL 34660

(Address)

(City/State and Zip Code)

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For further information concerning this matter, please call:

ROBERT TRIPKA 727-785-9000

(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 amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 7, 2007

ROBERT TRIPKA
BARNETT PROPERTY GROUP, LLC
PO BOX 520
OZONA, FL 34660

SUBJECT: WENTWORTH PROPERTY GROUP LLC
Ref. Number: L05000043887

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We have received your document for WENTWORTH PROPERTY GROUP 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.

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) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 407A00053276

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.

WENTWORTH PROPERTY GROUP, LLC

1. The name of the limited liability company is: _____
2. The mailing address of the limited liability company is: _____
POB 520 OZONA, FL 34660
- _____ 5/4/2005 _____ L05000043887 _____
3. Date of filing/registration in Florida _____ 4. Document number _____

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

SPIEGEL & UTRERA, PA
1840 SW 22nd ST.
4th FLOOR
MIAMI, FL 33145

City, State and Zip

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6. The name and address of the n _____

ROBERT TRIPKA
490 ALT 19
Flori **PALM HARBOR, FL 34684**

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

ROBERT TRIPKA

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

ROBERT TRIPKA
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00