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SECRETARY OF STATE TALLAHASSEE, FLORIDA

BECRETARY OF STATE

COYER LETTER

TO: Amendm Division	ent Section of Corporations	F *	
SUBJECT: FE	UER MIAMI BEACH INVEST	MENTS, LLC Corporation)	
DOCUMENT N	UMBER: L05000057499		
The enclosed Star	tement of Change of Registered Offic	e/Agent and fee are submitted for filing.	
Please return all o	correspondence concerning this matte	r to the following:	
	Bradley S. Feuer (Name of Co	ontact Person)	
	FEUER MIAMI BEACH INVES	STMENTS, LLC ompany)	
	(i minc	onipuity)	
	6910 LAKE W		
	(Add	iress)	
	LAKE WORTH	I, FL 33449	
	(City/State a	nd Zip Code)	
For further inform	nation concerning this matter, please	call:	
Bradley S. Feue		at (561) 798-7326	
(1)	Name of Contact Person)	(Area Code & Daytime Telephon	1 [*]
Enclosed is a \$35.00 check made payable to the Department of State.			2006 JAN SECRETA
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301	SECRETARY OF STATE TALLAHASSEE, FLORIDA

TO:



December 5, 2005

BRADLEY FEUER 6910 LAKE WORTH RD LAKE WORTH, FL 33449

SUBJECT: FEUER MIAMI BEACH INVESTMENTS, LLC

Ref. Number: L05000057499

We have received your document for FEUER MIAMI BEACH INVESTMENTS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6020.

Tammi Cline Document Specialist

Letter Number: 005A00070307

2006 JAN 12 PM 2: 33
SECRETARY OF STATE

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	ECT: FEVER Mumi B (Name of Li	mited Liability Company)			
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing	ng.		
Please	return all correspondence concerning the	nis matter to the following:			
	Brown S. Free (Name of Person)	/aums some of the			
	FEVER MIAMI BEACH (Firm/Company)	[NVESTMENT]			
	6910 LAKE WORTH RD (Address) LAKE WORTH, FL 33449 (City/State and Zip Code)		SECRETARY OF S	2006 JAN 12 PH 2: 33	
For fu	rther information concerning this matter	r, please call:	TATE ORIDA	2: 33	
B	(Name of Person)	at (<u>561)</u> <u>798- 7326</u> (Area Code & Daytime Telepho	one Nun	iber)	
	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			

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 is:		
2. The mailing address of the limited liability company is LAKE WORTH, FL 33449	6910 LAKE WORTH	RD .
JUNE 9, 2005	4. Document number	057499
3. Date of filing/registration in Florida	4. Document number	, ,
5. The name of the registered agent and the registered offic Florida Department of State:		
Brewner, Manne Name	& Diamonn, P.C	
3301 Boares Beac Address	4 ROMO, SOME 202	
Brewman, Manna Name 3301 Boarra Brace Address Boarra Springs City, State and	Cz 39/34 Zip	
6. The name and address of the new registered agent and/or		
BRADLEY S. F.	EZIER	
Name 6910 LAKE WORTH		2006 SEC
Florida street address (P.O. Box		JAN RETA AHAS
LAKE WORTH, FL 30		ILE 12 SEE
City, State and Z	ip	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as othe or the operating agreement of the limited liability company	lorida street address of thical. Or, in the case of a was/were authorized by	ne regi stere d office Florid a limit éd an affirmative vote
(Signature of a member or authorized representative of a member)	<u> </u>	
(Printed or typed name of signee)	_	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	gree to act in this capaci oper and complete perfor sition as registered agen rely reflect a change in t has been notified in wr	ity. I further agree to rmance of my duties, t as provided for in he registered office iting of this change.

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