(Requestor's Name) (Address)	400081669814
(Address) (City/State/Zip/Phone #)	11/14/0601046033 **35.00
(Business Entity Name) (Document Number)	2006 DEC -8 AMIO: 52 SECRETARY OF STATE TALLAHASSEE. FLORIDA
Office Use Only	o G D



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 28, 2006

THOMAS WELCHMAN 2551 N. TOLEDO BLADE BLVD. NORTH PORT, FL 34289

SUBJECT: FOREFRONT REAL ESTATE GROUP, LLC Ref. Number: L05000088801

We have received your document for FOREFRONT REAL ESTATE GROUP, 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):

You failed to make the correction(s) requested in our previous letter.

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: 206A00068381

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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 15, 2006

THOMAS WELCHMAN 2551 N. TOLEDO BLADE BLVD. NORTH PORT, FL 34289

SUBJECT: FOREFRONT REAL ESTATE GROUP, LLC Ref. Number: L05000088801

We have received your document for FOREFRONT REAL ESTATE GROUE LLC and your check(s) totaling \$35.00. However, the enclosed document has 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

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 506A00066920

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Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

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Amendment Section Division of Corporations TO: roup, LLC 9 **SUBJECT:** lame of Corporation)

DOCUMENT NUMBER: 205000.88801

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of Contact Person) **DEC - 8** Firm/Company PH 10: S S State and Zip

For further information concerning this matter, please call:

(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

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 Circle Tallahassee, FL 32301

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: Bre front Rec./Estate Group, 44C2. The mailing address of the limited liability company is: 2551 N. Tokeb Black Morth Port, FL 34289 9-9-20053. 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: Name 1825 Taniani Troid, With B-3 Marker<math>Name 2551 N. Toker BlackerFlorida street address (P.O. Box NOT acceptable)<math>Morth Port FL 34289 City, State and ZipCity, 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)

19A)

(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 hability company has been notified in writing of this change.

(Signature of Registered Agen

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