L06 00038036

(Re	equestor's Name)	10-3			
(Address)					
(Ac	ldress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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9 Jul -6 PH 1: 02

S. HAWKES

JUL 7 - 2009

EXAMINER

COVER LETTER

TO: Registration Division o	n Section f Corporations				
SUBJECT:	SUBJECT: BBL Equinox at Tradition, LLC				
	Name of Foreign I	Limited Li	ability Compa	any	
Dear Sir or Madam:					
The enclosed Affidavit by Foreign Limited Liability Company to Change Manager(s) or Managing Member(s) and fee(s) are submitted for filing.					
Please return all co	Please return all correspondence concerning this matter to the following:				
	Adam Lundin				
	Name of Person				
	BBL Hospitality, LLC				
•	Firm/Company				
30	02 Washington Ave E	xt			
	Address				
	Albany, NY 12203				
,	City/State and Zip Cod	le			
	alundin@bblhospitalit	ty.com		_	
alundin@bblhospitality.com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Adam	Lundin at (_	518)		452-8200	
Name o	of Person	Area Code	and Daytim	e 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 chec \$25 Filing Fee	ck for the following am \$30 Filing Fee & Certificate of Status) Filing Fee & Copy	\$60 Filing Fee, Certificate of Status & Certified Copy	

AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

The name of the limited liability compa Department of State is: BB	ny as it appears on the r L Equinox at Traditior	records of the Florida n, LLC.		
2. This entity was formed under the laws of	of: New	New York .		
3. This entity was authorized to transact be and its Florida document/registration number				
4. The name and address of each manager	or managing member is	s as follows:		
Title:	Name and Address:	3		
"MGR" = Manager				
"MGRM" = Managing Member				
MGRM	Donald Led Duke			
	302 Washington Ave Ext			
	Albany, NY 12203			
Required Signature: Ouald Le				
	, Managing Member or	Member		

Filing Fee: \$25