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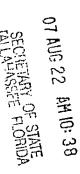
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## Greenspoon Marder, P.A.

## ATTORNEYS AT LAW

^From the Desk of:
Reuben M. Schneider
18851 NE 29th Avenue, Suite 406
Aventura, Florida 33180
Miami-Dade: 305-940-8440
Broward: 954-491-1120
Toll free: 888-491-1120
Facsimile: 954-771-9264

<u>RMS@gmlaw.com</u> File No. 13803-0007

MEMORANDUM August 16, 2007

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

Re: Blueberry Property Group, LLC and Strawberry Management, LLC – Change of Resident Agent

I am enclosing the following:

- 1. Statement of Change of Registered Agent for Blueberry Management, LLC.
- 2. Statement of Change of Registered Agent for Strawberry Management, LLC.
- 3. Check payable to Division of Corporations in the amount of \$50.00 to cover the cost of filing the documents.

Please acknowledge receipt of the enclosure and confirmation that change has been completed by signing the copy of this memo and returning it in the prepaid envelope enclosed for your convenience.

Thank you.

RECEIVED AND CONFIRMED:

REUBEN M. SCHNEIDER

RMS/RS Enclosures

G:\DOC\$\COR\13803\0007\LTR\2780856.DOC

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Locations Throughout Florida

Fort Lauderdate C

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Aventura

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West Palm Beach

## 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 T 1 197. T DT T	IEDEDDY DOODEDTY COOUD IIC	
		JEBERRY PROPERTY GROUP, LLC	
2. The mailing address o	of the limited liability company	y is: 2025 Tyler Street, Hollywood,	
Florida 33020			
October 20, 2006		L06000102527	
3. Date of filing/registrat	tion in Florida	4. Document number	
5. The name of the regist Florida Department of		office address as shown on the records of the are	
	Reuben M. Schneide	er EA C	
	Name 18851 N.E. 29th Av	e venue, Suite 406	
	Addre	-4(1)	
	Aventura, FL 33180 City, State a	\$	
( The many and address	•		
6. The name and address	of the new registered agent ar	id/of office.	
	James L. Saada	· · · · · · · · · · · · · · · · · · ·	
	Name 2025 Tyler Street		
	Florida street address (P.O.	Box NOT acceptable)	
	Hollywood FI	33020	
1	City, State ar	nd Zip	
To the limited liability con	mnany is not organized under	the laws of the State of Florida, it is hereby	
confirmed that after the cand the business office o liability company, it is he of the members of the litor the operating agreeme BLUEBERRY PROPERT	change or changes are made, the fithe registered agent will be interest that the change mited liability company or as cent of the limited liability company. TY GROUP, LLC	he Florida street address of the registered office dentical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization pany.	
(Signature of a member or author	MENT, INC. a Florida of prized representative of a member)	min action, namager	
By: Imos	L. SAMOA-	•	
	e) James L. Saada, Presi		
I hereby accept the apper comply with the provision and I am familiar with a Chapter 608 F.S. Or, if address I hereby confirm (Signayre of Registered Agent)		nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, y position as registered agent as provided for in o merely reflect a change in the registered office pany has been notified in writing of this change.	
		x 6327, Tallahassee, FL 32314	
FILING FEE: \$25.00			

INHS18 (8/05)