100000 1125M

JOSE I. MORENO, PA 240 NW 76TH DRIVE SUITE D GAINESVILLE, FL. 32607		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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FLORIDA DEPARTMENT OF STATE Division of Corporations

March 23, 2007

JOSE I MORENO, P.A. 240 NW 76TH DRIVE, STE D GAINESVILLE, FL 32607

SUBJECT: GAINESVILLE NOTE BUYERS, LLC

Ref. Number: L06000112514

We have received your document for GAINESVILLE NOTE BUYERS, LLC and your check(s) totaling \$. 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) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 507A00020074

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Gainesville Note Buyers, L (Name of Limit	LC ted Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Jose I. Moreno, PA (Name of Person)	
Jose I. Moreno, PA (Firm/Company)	07 APR 12 AM 9: 57 SECRETARY OF STATE SECRETARY OF FLORIDA TALL AND SSEE. FLORIDA
240 NW 76th Drive, Suite D	AM 9: 5
Gainesville, Fl. 32607	ATE RIDA
(City/State and Zip Code)	
For further information concerning this matter, p	lease call:
	(352) 332-4422
(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 an	nount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

INHS18 (8/05)



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.

agent, or both, in the state of Florida.	
1. The name of the limited liability company is: Gainesville Note Buyers, LLC	
2. The mailing address of the limited liability company is : 4605 NW 6th Street, Suite H	
Gainesville, Fl. 32609	
11/21/2006 L06000112514	
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:	
Jonathan Dreyer	
Florida Department of State: Jonathan Dreyer	
Address	
Gainesville, Fl. 32609 City, State and Zip	
6. The name and address of the new registered agent and/or office:	
Jose I. Moreno	
Name 240 NW 76th Drive, Suite D	
Florida street address (P.O. Box NOT acceptable)	
Coinceville 22007	
Gainesville, FL 32607 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 epresentative of a member)	
Jonathan Dreyer (Printed or typed name of signee)	
7,	
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 Lam 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.	

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

(Signature of Registered Agent)