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COVER LETTER

Division of Corporations		
	PB Doral, LLC	
Name of Lim	ited Liability Company	
D (C) 14 1		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	ee Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
	g.	
•		
Tereese Filos		
Name of Person		
Berkowitz, Dick, Pollack & Brant		
Firm/Company		
000 0 11 51 51 51 51		
200 South Biscayne Blvd., 6th Floo	<u>or</u>	
Addiess		
Miami, FL 33131		
City/State and Zip Code		
tfilos@bdpb.com E-mail address: (to be used for future annual report notifie		
E-mail address: (to be used for future annual report notific	cation)	
For firsther information concerning this matter is	alanca calle	
For further information concerning this matter, p	nease can.	
	•	
Tereese Filos at	(305) 960-1269	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301	•	
Employed to a short for all a fill and		
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. Name of the limited liability company:	BDPB Doral, LLC
2. (a) Principal office address of limited liability company	200 South Biscayne Blvd., 6th Floor
(Note: MUST BE STREET ADDRESS)	Miami, FL 33131
(b) Mailing address of limited liability company:	200 South Biscayne Blvd., 6th Floor
(Note: MAY BE POST OFFICE BOX)	Miami, FL 33131
2/27/07	L07000022303
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	the records of the Florida Dept. of State:
Registered Agent:	Larrea & Ortega ₹ 5
Registered Office Address:	150 Alhambra Circle Suite 950 Coral Gables, FL 33134
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> <u>NEW Registered Agent</u> :	W Registered Office address 0 STATE 0
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	c/o Berkowitz, Dick, Pollack & Brant 200 South Biscayne Blvd., 6th Floor Miami ,FL33131
If the limited liability company is not organized under the confirmed that after the change or changes are made, the Fl 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 other or the operating agreement of the limited liability company	orida street address of the registered office ical. Or, in the case of a Florida limited
Barry M. Brant, Manager 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 providing and I am familiar with and accept the obligations of my positive to 8, F.S. Or, if this document is being filed to men address, I hereby confirm that the limited liability company Signature of Registered Agent	gree to act in this capacity. I further agree to spee and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office has been notified in writing of this change.
- V -	

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