

M0500000683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

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(Business Entity Name)

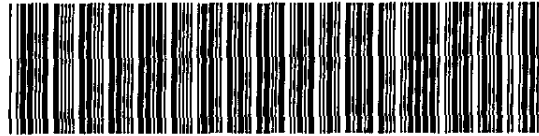
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07/19/05--01036--019 \*\*25.00

FILED  
05 JUL 19 AM 8:23  
STATE  
TALLAHASSEE, FLORIDA

**CORP DIRECT AGENTS, INC. (formerly CCRS)**  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-14**

**CONTACT:** ED

**DATE:** 07/19/05

**REF. #:** 1117.40251

**CORP. NAME:** SOUTH FORK DEVELOPMENT LLC

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

- ARTICLES OF INCORPORATION       ARTICLES OF AMENDMENT       ARTICLES OF DISSOLUTION
- ANNUAL REPORT       TRADEMARK/SERVICE MARK       FICTITIOUS NAME
- FOREIGN QUALIFICATION       LIMITED PARTNERSHIP       LIMITED LIABILITY
- REINSTATEMENT       MERGER       WITHDRAWAL
- CERTIFICATE OF CANCELLATION
- OTHER:      CHANGE OF AGENT

**STATE FEES PREPAID WITH CHECK#** 513428 **FOR \$** 25.00

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- CERTIFIED COPY       CERTIFICATE OF GOOD STANDING       PLAIN STAMPED COPY
- CERTIFICATE OF STATUS

Examiner's Initials

**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: South Fork Development LLC
2. The mailing address of the limited liability company is : 866 OLD COUNTRY ROAD  
SUITE 901, GARDEN CITY NY 11530
- 02/08/2005 M0600000683
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:

CORPORATE SERVICE BUREAU INC.  
Name  
103 N. MERIDIAN STREET  
Address  
TALLAHASSEE FL 32301  
City, State and Zip

05 JUL 19 AM 8:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6. The name and address of the new registered agent and/or office:

CORPORATE SERVICE BUREAU INC.  
Name  
515 East Park Avenue  
Florida street address (P.O. Box NOT acceptable)  
TALLAHASSEE FL 32301  
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]  
(Signature of member or authorized representative of a member)  
ALFRED Amato  
(Printed or typed name of signer)

*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 liability company has been notified in writing of this change.*

[Signature] 7/18/05  
(Signature of Registered Agent)  
Scotty J. Schuster  
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314