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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

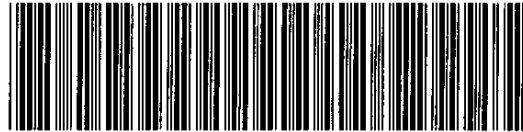
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TALLAHASSEE, FLORIDA

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CA Thomas DEC 31 2007

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PCB EAST BAY 1130, LLC  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARCIA PRICE

(Name of Person)

EAST BAY

(Firm/Company)

11741 Poston Rd

(Address)

PANAMA CITY, FL, 32404

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

MARCIA PRICE

(Name of Person)

at ( 850 ) 387-1131

(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 amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 25, 2007

MARICA PRICE  
11741 POSTON RD  
PANAMA CITY, FL 32404

SUBJECT: PCB EAST BAY 1130, LLC  
Ref. Number: M05000003310

We have received your document for PCB EAST BAY 1130, LLC and your check(s) totaling \$175.00. 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  
Regulatory Specialist II

Letter Number: 007A00062708

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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: PCB EAST BAY 1130, LLC
2. The mailing address of the limited liability company is: 1170 Peachtree St. suite 2350  
Atlanta, GA 30309

6/17/05  
3. Date of filing/registration in Florida

M05000003310  
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:

Cecelia A. Anderson  
Name  
133 Harrison Av  
Address  
Panama City FL 32401  
City, State and Zip

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

Thomas S Powell  
Name  
11741 Poston Rd  
Florida street address (P.O. Box NOT acceptable)  
Panama City FL 32404  
City, State and Zip

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TALLAHASSEE, FLORIDA

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 a member or authorized representative of a member)

Thomas S. Powell  
(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]  
(Signature of Registered Agent)

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